ADDRESS

rs after death. the funeral should be ages death. 豆 letely after a comp haurs and carbon 72 physician 2. that the deoth certificate with remave event attending | ā by igned b been si burial-transit aftending physician detached for DIRECTOR: pe Board 3 shauld TO FUNERAL page 3 sh the State

VR A1S (4) 1SM 9/59

24. FUNERAL DIRECTOR'S SIGNATURE

Sudlersville, 250. REC'D BY REGISTRAR

Md.

10/22b, DATE

(Stote)

Oueen Anne

e. IS RESIDENCE ON A FARM?

IF UNDER 1 YEAR IF UNDER 24 HRS

Haurs

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO W

> > (Slote)

181 NED

12. CITIZEN OF WHAT COUNTRY?

Days

U.S.A.

Barclay, Md.

(County)

Months

YES NO

Year

25h REGISTRAR'S SIGNATURE Circhar S. Krays

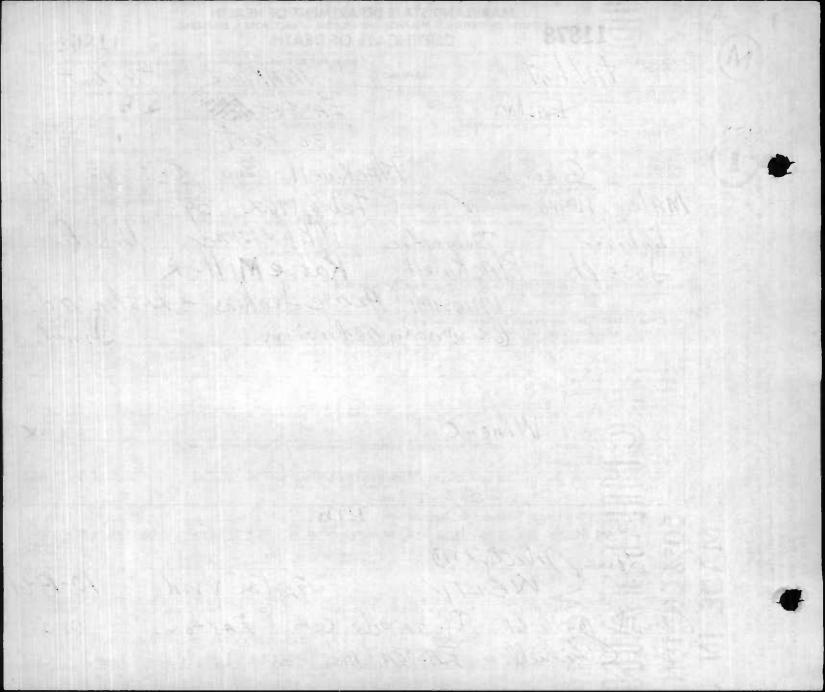
personal line for the Alexander Mona Data Constitue a Penn nothing Description ACTUAL CONTRACTOR OF THE PARTY Telephone I vanished at the relief to the telephone telephone

MARYLAND STATE DEPARTMENT OF HEALTH 11878 IVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	11505711		10 1100	01100	DOTE !!!
CEI	RTIF	CA'	TE C	F DI	EATH

11862

	PLACE OF DEATH TA/60 T MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ORDER ORDE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) EASTON	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS PORT ON A FARM? YES NO D
	NAME OF DECEASED (Type or print) George Middle B1	ACKWELL 4. DATE Worth Day Year DEATH OCT. 12, 1961
5.	SEX A/e 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH, 1902 9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) 4 Manths Days Hours Min.
	USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired) Tomestic FATHER'S NAME	USTRY 11. BIRTHPLACT (Store or foreign country) 12. CIVIZEN OF WHAT COUNTRY? 14. MOTHER'S MAIDEN NAME
	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	INEGRMANT Address FREE Address Address
	18. CAUSE OF DEATH [Enter only one cause per the for (a), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause (o), stating the under-lying couse lost. (c)	Occlusion James,
CERTIFICATION	Wine-D	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO WEEL. (Enter nature of injury in Part I or Port II of item 18.)
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19 20d. INJURY OCCURRED While Not while at work at work	PLACE OF INJURY (Home, farm, 20f. (City ar tawn) (County) (State) actory, street, office bldg., etc.)
	21. I certify that (1) (this haspital) attended the deceased fram saw the deceased alive an19, and that	death accurred atM, from the causes and an the date stated above.
	220. SIGNATURE (Type) SIGNATURE (Type) WELTI	M.D. ATTENDING MED. STAFF SIGNED 22d. ADDRESS MAD. 10-18-6
230	REMOVAL (Spekly) FUNERAL DIRECTOR'S SCHATURE ADDRESS FUNERAL DIRECTOR'S SCHATURE ADDRESS	250. REC'D BY REGISTRAR'S SIGNATURE
	12 maximes - Marion	Md. DATACT 16'61 Chilling S. Thous



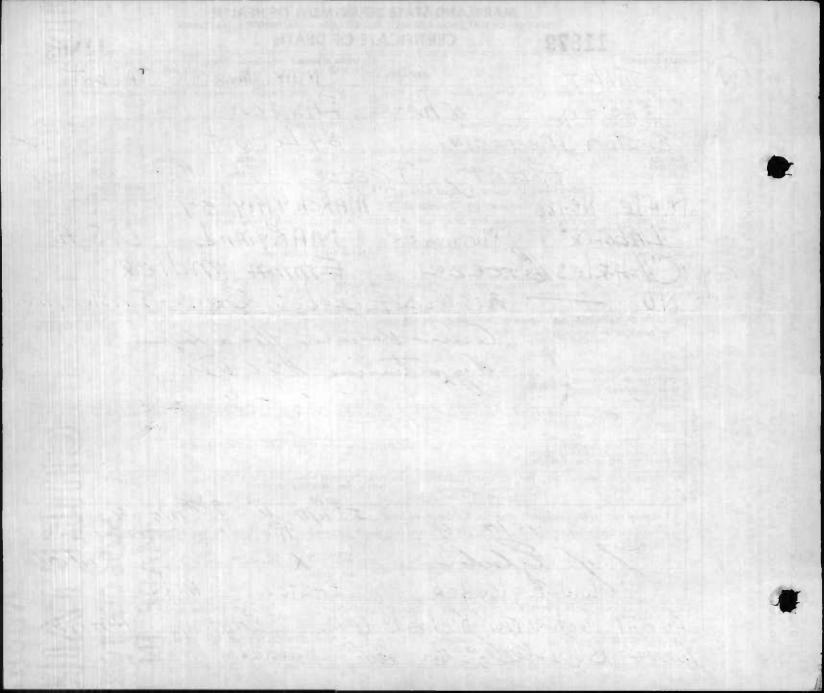
TO HOST AL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 2, haurs after death. Page 4 may expined by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely file, the by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 3 and 2 shauld be filed with the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death.

VR A15 (4) 15M 9/59

	STATISTICAL RESEARC	DEPARTMENT OF HEALTH H AND RECORDS — BALTIMORE 1, MARYLAND ATE OF DEATH	11.0
	MARYLA	2. USUAL RESIDENCE (Where deceased lived. If institution: Residue). STATE YAR YAND b. COUNTY	dence before admis
limits, write	c. LENGTH OF STAY IN	c. CITY OR TOWN (If outside corporate limits, write RURAL or	d give nearest town
eol, give street		d. STREET ADDRESS 34 Locust	e. IS RES ON A YES
First	Middle	Last 4. DATE Month	Day

	11879	OF STATISTICAL RESEARCH A	TE OF DEATH	ORE 1, MARYLAND		11060
0.	ACE OF DEATH COUNTY TAI bot	MARYLAND	2. USUAL RESIDENCE (Whe	yland b. COU		pefore admission)
	CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town)	5 hes	c. CITY OR TOWN (IF of	Itside corporate limits, wri	te RURAL and give	nearest town)
	NAME OF HOSPITAL (If not in hospital, give so or INSTITUTION MEN	10RIA	d. STREET ADDRESS	cust	1	e. IS RESIDENCE ON A FARM? YES NO
(Ty	AME OF CEASED (Pope or print)	RT, Bra	28838	OF DEATH	Month /	7 196/
5. SE)	MALE Negro WII	MARRIED DEVER MARRIED DOWED DIVORCED	MARCH 41		yrs. Months Do	
d	USUAL OCCUPATION (Give kind of work done during host of vorking life, even if retired)	Plummer	MAK	YlAnd	12. CITIZEN	S. A.
	Charles BI	reeze	14. MOTHER'S MAIDEN NA	A Mi	11er	
(Yes, n	(If yes, give wor or dates of service)	16. SOCIAL SECURITY NO. 17. 11 21 18-16-5056 +	-lizabeth	Breeze	Address 2 - EA.	ston, m
11	B. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (o), (b), and (c).]	ascular 1	lemanta		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove rise to immediate couse (o), stating the under-	Hyperten	sine 1/5	c vP		
_ -	PART II. OTHER SIGNIFICANT CONDITIE	DNS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONDITION	GIVEN IN PART 1(19. WAS AUTOPS PERFORMED? YES NO
CER (Og. ACCIDENT WAS UNDERLYING 20b OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 1B.)	is a not
MEDICAL	Hour o.m.	POd. INJURY OCCURRED 20e. PL While Not while t work 0t work	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(Cour	nty) (Stot
	a 1 certify that (I) (this haspital) at saw the deceased alive an	1- 11	0.5%	M, fram the causes		that (I) (we) last
	220. SIGNATURE	Ender		D. STAFF PHYS.		22b. DATE SIGNS 16/19/6
	NAME (Type) / L. J. Eq	Iseder	EAS to	n, m	d.	u =
_/	REMOVAL (Specify) OUT A OUT 31, 15	261 Dichards	(em.	EASTON	/h	PAY An
24. F	MINERAL DIRECTOR'S SIGNATURE	Dealer 1	DATE OC	T 0 4 104	Cullin & H	



aurs after death. Page 4 by the funeral directar, and 2 should be filed with LOR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 3. eath. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fillinges 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages the State Board of Health prior to burial, cremation, or removal, and in any event within 72 haurs after feath

TO HOS

VR A1S (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

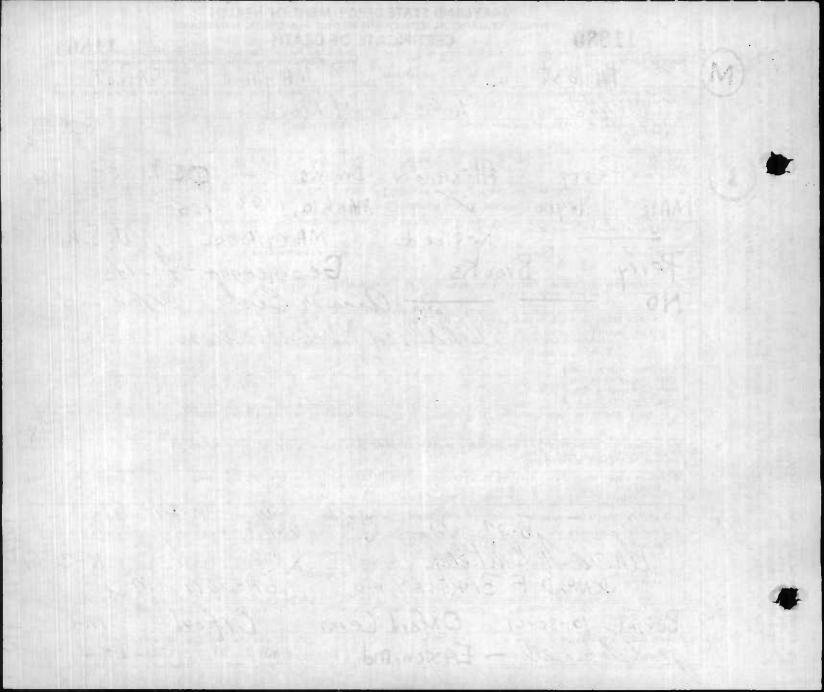
ORE 1, MARYLAND

1310M OL	STATISTICAL KESEAKCH AND	KECOKDS BALTIN
	CERTIFICATE	OF DEATH

11880

	12000	CERTIFICA	IL OI DEAT			Xha
	PLACE OF DEATH a. COUNTY TAID OF	MARYLAND	2. USUAL RESIDENCE		If institution Residence COUNTY TAID	before admission)
	b. CITY OR TOWN (If gutside corporate limits, write RURAL and give negrest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN	(If a tside corporate lim	nits, write RURAL and giv	re nearest town)
	d. NAME OF HOSTIAL (If not in hospital, give street OR INSTITUTION	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
	NAME OF DECEASED First (Type or print) PCVY SEX 6. COLOR OR RACE 7. MARI	Hexander	Brooks 8. DATE OF BIRTH	4. DATE OF DEATH	Month &	Day Year 7 196/ YEAR/IF UNDER 24 HRS.
3	MALE NEGTO WIDOW	RIED NEVER MARRIED DIVORCED DIVORCED	MARCH 10.	1856 last	the state of the s	days Haurs Min.
10	a. USUAL OCCUPATION (Give kind af wark dane lob. during mast af warking life, even if retired)	Retire L	STRY 11. BIRTHPLAGE (SI	rate or foreign country) YANA	12. CITIZE	S. A.
13	PATHER'S NAME PVVV RV	Ke	14. MOTHER'S MAIDE	1000	I ald	/
	. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17. IN	IFORMANT M.	Burks -	Address Oxford	, md =
	1B. CAUSE OF DEATH [Enter only one cause per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Territorial (c))	1 arter	iorder	pis	INTERVAL BETWEEN ONSET AND DEATH
	Canditians, if any, which gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO DUE TO (b) DUE TO					<u>('</u>
FICATION		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TE	rminal disease coni	DITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
CEPTIE	20g. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature af injury	in Part I ar Part II af i	tem 1B.)	
MEDICAL	20c. TIME OF INJURY Manth, Day, Year 20d. II Haur a. m. While p. m. 19 at war	Nat while fac	ACE OF INJURY (Home, fitory, street, affice bldg.,		n) (Co	unty) (State)
	21. I certify that (I) (this bospital) attends as the deceased alive an 10-2-		eath accurred al	19 60 , ta		that (1) (we) last date stated above.
	22c. SIGNATUR BALLA SI. BAL 22c. PHYSICIAN'S	telly	M.D. ATTENDING PHYS. 22d. ADDRESS	MED. STA	FF 'S. 🗆	10-30-6/
	NAME (Type) DONALD F. I	BARTLEY, W	13	EASTO.	N, MI	,
23	SO BURIAL, CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY O	CREMATORY CM.	23d. LOCATION A	City, tawn, ar caunty)	md (State)
24	FUNERAL DIRECTOR'S SIGNATURE	EASTON, M		NOV 6 '61	25b. REGISTRAR'S SIGN	1

EAston, Md.



VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1. MAR 11001

11131011 01	SIMIISTICAL RESEMECT	MIAN	KEC OKD3	- DACIII
	CERTIFICA	ATE	OF D	EATH

CERTIFICATE OF DEATH
PLACE OF DEATH a. COUNTY TAL bot 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Outen Cities Wary land
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 8 (31/5)
d. NAME OF HOSPITAL (If nat in haspital, give street address) OR INSTITUTION
3. NAME OF DECEASED (Type or print) Toseph William Collier DEATH 10 18 196,
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterware Lysterung Lesdang Lyst
3. FATHER'S NAME Thu Thomas Callee Univer Cellin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT (15 yes, give wor or dates of service) 213 -01-569 Muslims Lesins Celler Tronworll Ma
PART I. DEATH WAS CAUSED BY: Conditions, if any, which gave rise to immediate cause (a), stating the under-lying cause (a), stating the under-lying cause last. (b) DUE TO DUE TO DUE TO Conditions, if any, which (b) DUE TO Conditions, if any, which (b) DUE TO DUE TO Conditions (c)
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) 20a. ACCIDENT WAS UNDERLYING OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a. m. 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (State)
21. I certify that (I) (this haspital) attended the deceased fram. 10-10, 1961, ta 10-15, 1961, that (I) (we) last saw the deceased alive an 10-18, 1961 and that death accurred at M. A, from the causes and an the date stated above.
220. SIGNATURE REPORT W. Trever M.D. ATTENDING MED. STAFF PHYS. 10/23/61 SIGNED
22c. PHYSICIAN'S NAME (Type) Robert W. Trever M. I. Easton, Maryland 10/23/61
23d. BURIAL, CREMATION: 23b. DATE THEREOF Semoval Specify Set 21-1961 Chesterfield 22d. MAME OF CEMETERY OR CREMATORY Centrelle Meyland
James H. Berta Bros. Centrally Md, DATOCT 2 6 '61 and Struck
1 1

18717

Completed to the man of the first of the server of the demand of

...... Ox 2222 -

The state of the s

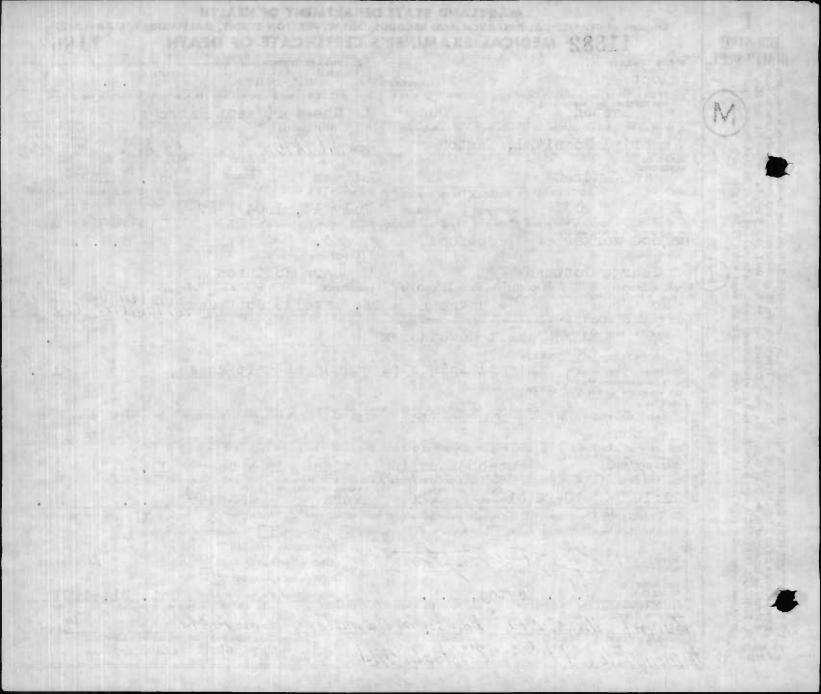
FOR STATE

Health, delay is necessary, TO D. STY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. We delay is necessary please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a buriel-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

MARYLAND STATE DEPARTMENT OF HEALTH of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1882 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 867

	Talbot	TH.		MARYLAND	a. STATE aryl		b. COUNTY	osidence before admission)
-		(if outside corporate limits,	c. LEN	GTH OF STAY IN 1b			te limits, write RURAL end	give nearest fown)
1	write RURAL ar	nd give nearest town)		DOA				3110 11001031 101111
1		PITAL OR INSTITUTION (if no	at in bosnital six		d. STREET ADDRESS		Narrows)	I S DECIDENCE
					A I D		15V	IS RESIDENCE ON A FARM?
14		al Hospital	, Easto		GUAIL UNU	IE	1/1	YES NOX
3.	NAME OF DECEASED	First		Middla	Last	4. DATE	Month	Day Yeer
	(Type or print)	Andrew		M C	ottman	DEATH	Oct.	29 19 61
5.	SEX	6. COLOR OR RACE 7.	MARRIED K NE	VER MARRIED 8	. DATE OF BIRTH	9. A	GE (In yeers IF UNDER 1 Y	
	M		/IDOWED [,	.904 5	7 yrs.	ays Hours Min.
1D	e. USUAL OCCUPA one during most of w	TION (Give kind of work rorking life, even if retired)			Y 11. BIRTHPLACE (State	or foreign country	y) 12. CITIZ	EN OF WHAT COUNTRY?
S	eafood w	orker	Seafo	od	Md.		U.	S.A.
13	. FATHER'S NAME			11-12-1-1	14. MOTHER'S MAIDEN	NAME		
	Georg	ge Cottman			Sara Ro	binson		
		VER IN U.S. ARMED FORCES		SECURITY NO. 17.	NFORMANT		Address 1 1	1_
(Y:	as, no, or unkown)	(If yes give war or detas of servi	unkn	own Mr	s. Estelle	Cottme	n Bud fr	TUENT
-	1 18. CAUSE OF	DEATH [Enter only one car					Port Hori	I INTERVAL BETWEEN
		TH WAS CAUSED BY:						ONSET AND DEATH
	178.	DUE TO						
	Conditions, if an		multip	le stab	wounds of	left ch	nest	1 hr
	gave rise to imme	diale cause						
	(a), steting that cause last.	undariying						
z		ER SIGNIFICANT CONDITIO	NS CONTRIBUTION	IG TO DEATH BUT NO	OT RELATED TO THE TERMI	NAL DISFASE COL	NDITION GIVEN IN PART 1	(e) 19. WAS AUTOPSY
CERTIFICATION	non							PERFORMED? YES NO
H	20a. EXTERNAL		DESCRIBE HOW	INJURY OCCURED. (intar natura of injury in Par	rt I or Part II of iter	m 18.)	
ä	PRIMARY OF C	I.	stabbed	during	a fight i	n a bee	er hall.	
N S	20c. TIME OF INJ			CCURRED 2De. PLA	CE OF INJURY (Homa, fare	m, ; 2Df. (City or		y) (Steta)
MEDI	11: Hour a.m.		While Not at	While feet	ory, streat, offica bldg., atc AVOIN	Chest	er O.A.	Md.
1		that I took charge of t						and in my opinion
	death resulted	from: Natural cause	es , Acci	ident , Suic	ide , Homicide	Vindet	ermined manner	
1	CHENT THE			7	CHIEF MEDICAL	EXAMINER		
	ACTUAL	1150	Lane	-lin	ASSISTANT MED	DICAL EXAMINER		DATE SIGNED
	SIGNATURE_		V ET	2-0 / -	M.D.	L EXAMINER		
	EXAMINER'S NAME (Type)	C. R. La		D.	Address (Streat,	city, town, or cou		1. 1961
22	a. BURIAL, CREMATI	ON, 22b. DATE THEREOF	22c. NA	ME OF CEMETERY OF	CREMATORY	22d. LOCATION	(City, town, or country)	(Stele)
	BURIAT	1/100,5, 196	1 LAW	ISONIA CI	= METATY	CrisFI	15/d	ma
23	FUNERAL DIRECT	OR	ZADI	RESS	24e. REC	C'D BY REGISTRAR	246. REGISTRAR'S SIG	4 .
1	Thong E.	Ward 112:	5. 42515	Field M	d DATE N	OV 2 '61	Circhur S.	Thomas
-	7							



4 (//)	It	em 18 Film 301 11- MARYLAND STATE DEPARTMENT OF HEALTH
一次		Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	W	11883 MEDICAL EXAMINER'S CERTIFICATE OF DEATH
HEALTH DEPT.		PLACE OF DEATH 2. USUAL RESIDENCE (Where daceasad lived, If institution, Residence before admission
Page les.		o. COUNTY TALBOT MARYLAND O. STATE MARYLAND b. COUNTY TALBOT
S. T. T.		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town)
S S S S	4	EASTON 10 da THS TON
Boar for	-	d. NAME OF HOSPITAL OR INSTITUTION (if not In/hospital, give street eddress) d. STREET ADDRESS ON A FARM?
the standard	2	Memorial Hospital 1 KT. 1-Box 244 YES NO 12
dea Stair	1	NAME OF DECEASED (1/290 or print) (1/200
the the the		(Type or print) (Restan CORNellus), DEATH 10 30 1861 SEX 6. CQLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
dea dea nay with with a same	-	MALE NEGVO WIDOWED DIVORCED 10-26-12 Jest birthdey) Months Deys Hours Min.
2, and 2 and 2 hou	10a	. USUAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stella or foreign country) 12. CITIZEN OF WHAT COUNTRY
s 1, sage 1 ar 1 ar 1 22	do	ne Auring most of working life, even if retired) CRune Novades MARYAND
hot hot	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME
25 g d []		Emory D:11 Henrietta D:11
A STATE OF THE STA		WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INDORMANT Address (If yes give we for detective)
od w	1	TES WWIL 219-01-3560 DUEIAH UIT - EASTON, MIL
in Brain was sit p		B. CAUSE OF DEATH [Enlar only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH
alor and and	-	IMMEDIATE CAUSE (a) Marked generalized and coronary atherosclerosis
ld by fice rial-		Conditions, If any, which (b) with marked coronary narrowing
ihou in Office in Office i		gava rise lo immadiata ceuse
ding ding as as or re		(e), steting the underlying DUE TO
tifica Sami	Z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
Do de la constant	CERTIFICATION	PERFORMED? YES NO
This will be a die	TIFIC	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury In Pert I or Part II of Item 18.)
Short Short	1	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.
MIN Chie	MEDICAL	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or lown) (State) Hour a.m. WhileNot While Not While
X.A. W. W. He (MEL	p.m. 19 at work et work
To		21. I certify that I took charge of the remains described above, held an Autopsy Inspection , Inquiry , and in my opinion
Ged ded fire		death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner
The d		ACTUAL Last ON LAST SIGNED ASSISTANT MEDICAL EXAMINER DATE SIGNED
L for nate		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINED.
d be de seign		EXAMINER'S NAME (Typa) Address (Street, city, town, or county)
es do	22a	BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF TEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (State)
O 9 4 0 9 O 8 4 7 ;=		Buria 11-2-61 Unionville Cem. Unionville, No
VS. A15ME	23	ADDRESS 240. RECIDENT SIGNATURE
5M 7/59	1	James & Vashiell DATE
DX	-	

DESCRIPTION OF THE PROPERTY OF INC THEN A THE THE WATER TO SEE SEE SEE SEE SEE STATE OF SEE SEE The state of Discontinues of the state of th

VR A15 (4) 15M 9/60

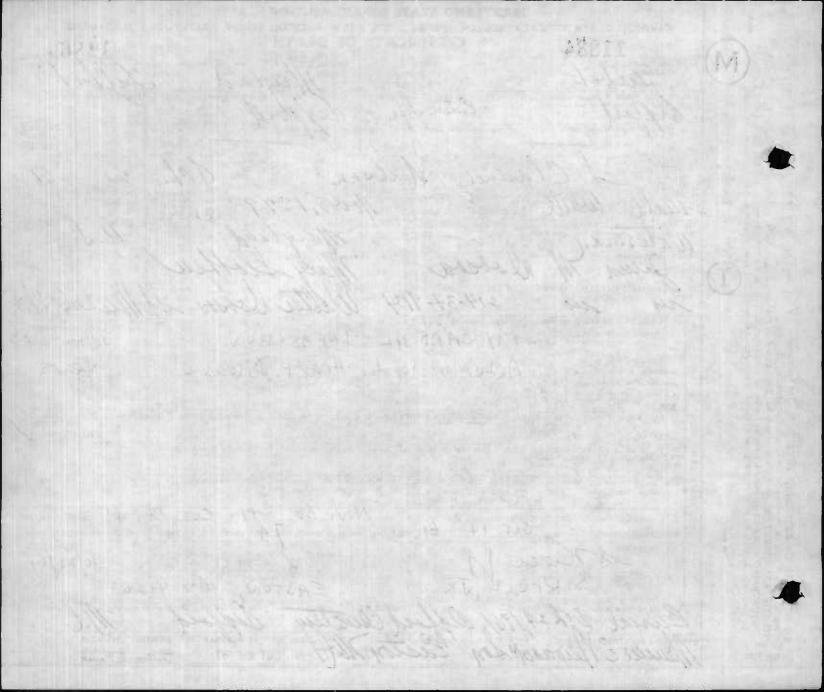
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

11987

CERTIFICATE OF DEATH

	12004		11XD
l /	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If institutions	esidence before edmission)
/	Tellah	e. STATE May Paul b. COUNTY Ja	1 Kak
	b. CITY OR TOWN (if gutside corporete limits, c. LENGTH OF STAY IN 16	c. CITY OR TOWN If outside corporate limits, write RURAL and	dive nearest town)
Ш	Aveile RidRAL end (ive neerest town)	V//////	, 5,70 ,100,007,70111,7
	affard the off	1 Coll	
ŕ	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street ederess)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
			YES NO
1	3. NAME OF / First Middle /	Lest 4. DATE /Mony	Dey Yeer
	3. NAME OF DECEASED (Type or print) & Clarence Middle Clarence	LAU OF DEATH ()OF. 2	1 1961
	F CEN / LA COLINA CHICAGO	DATE OF BIRTH	
	Wall widowed Divorced	The state of the s	Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR	Y 11. BIRTHREACE (County & State, of foreign country) 12. CITI	ZEN OF WHAT COUNTRY
	doge during most of working life, even if retired)	Maryeaus	U-S'
	13. FATHER'S NAME	14- MOSTER'S MAIDEN NAME	
1	Jaly TII Wardy	Mirey Stotlew	
	15 WAS DECLASED EVED IN HIS ADMED SOURCES AN ESCAPA SECURITIVA OF A	111001 2500 11	1 1 1
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I. (Yes, no, or unkown) (Ifyes give war or detes of service) 19. 14-34-4134	NFORM RATE Address Address	while Mo
	1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	ware wired the	LINTERVAL BETWEEN
	DADT L DEATH WAS CALISED BY A A . A	Talchara	ONSET AND DEATH
	IMMEDIATE CAUSE (6) /Y YOCA RDIAL	INFARCTION	Instantaneon
	42010 DUE TO 1	· 11.	
	Conditions, if eny, which \ (b) Heteriosclerote	· Heart Disease	years
	geve rise to immediate cause		
	(e), steling the underlying cause lest.		
	(6)	T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(e) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH OF LITHER, NOTIFY MEDICAL EXAMINER		PERFORMED?
7	<u> \(\) </u>		YES NO
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED.	(Enter neture of injury In Pert I or Pert II of item 1B.)	
		CE OF INJURY (Home, ferm, 20f. (City or town) (Cour	nty) (Stete)
	Hour a.m. While Not While tector	ory, street, office bldg., etc.)	
13		NOIN 30 149 DOF 114 101	61 . (1) () .
	21. I certify that (I) (this hospital) attended the deceased from.	7 4	, , , , , , , , , , , , , , , , , , , ,
	saw the deceased alive on Ocr. 14 19.6 , and that	death occured at .A.M., from the causes and on the	he date stated above.
	22e. SIGNATURE	ATTENDING MED. STAFF	22b. DATE
	M. M.	DIESET OF THE PLANE	10/22/61
	22c. PHYSICIAN'S	22d. ADDRESS	
	NAME (Typo) S. Krech, VR.	EASTON, Mary an	<u>X</u>
	230. SURIAL, CREMATION, 234. DATE THEREOF 230. NAME OF CEMEYERY	OR CREMATORY 23d LOCATION (City, Jown or county	(Stete)
	EDENTISORITY UCK 24/96/ WALNA	molly Whold	1110.
	TENTREMERAL DIRECTORS SKONATURE APPRIES A	11 / 1 /250. REC'D BY REGISTRAR 256. REGISTRAR'S S	IGNATURE
	Maille & Comment don Pantan	1/11/-1	, ,
1	Manua CI pero wary son carrier	DATE OCT 26'61 Chilly &	Kraus



by the funeral director, and 2 shauld be filed with TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hr may be eximed by the haspital or attending physicion.

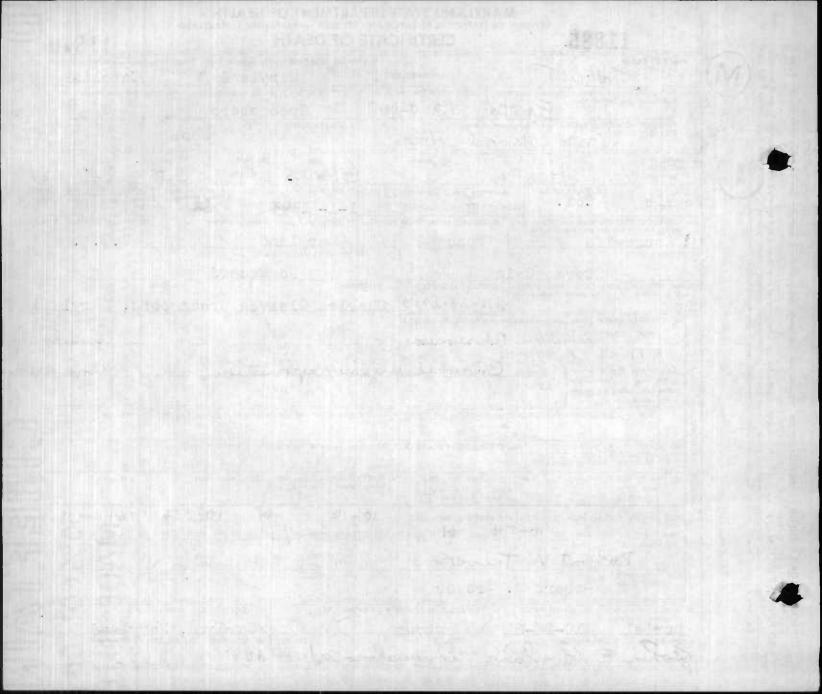
TO FUNEWAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 at the State Board of Health priar to burial, cremation, or removol, and in ony event, within 72 hours often death.

VR A15 (4) 15M 9/59

urs after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11	885	CERTIFIC	ATE OF DEATH		11870
1. PLACE OF DEATH	115				ion: Residence befare admission)
a. COUNT	7-1307	MARYLAN	o. STATE Ma:	ryland b. COUNTY	Caroline
b. CITY OR TOWN (If RURAL and give ne	outside corporate limits, write	c. LENGTH OF STAY, IN 1	b c. CITY OR TOWN (If	outside corporate limits, write R	RURAL and give nearest town)
KUKAL and give ne	EASTA	on 13 day	u. Gre	ensboro	05)
d. NAME OF HOSPITA	AL (If not in hospital, give stre	pet address)	d. STREET ADDRESS		e. IS RESIDENC
OR INSTITUTION	LASTON Meno	rial Hosp.		None	ON A FARM
3. NAME OF DECEASED (Type or print)	Hester	Middle	Gleaves	4. DATE MOR	Day Year 25 196
s. sex Temale	GO1 -	ARRIED NEVER MARRIED DIVORCED	B. DATE OF BIRTH 1-1- 1893	9. AGE (In years last birthday) 68 yrs.	Months Days Hours Mi
10a. USUAL OCCUPATIO	N (Give kind of work done 16 ing life, even if retired)	Db. KIND OF BUSINESS OR IN	DUSTRY 11. BIRTHPLACE (State	e ar fareign cauntry)	12. CITIZEN OF WHAT COUNT
Housewi		None	Maryla	nd	U.S.A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN		
	Steven Cair		No	Record	
15. WAS DECEASED EVER	IN U. S. ARMED FORCES?		, INFORMANT	Add	ress
	If yes, give war or dates of service)	214-28-2953	(1) 7 (7 -	C	
No CAUSE OF DEAL			Charles Gle	aves Greensb	
	TH [Enter only one cause per	r line for (o), (b), and (c).			INTERVAL BETWEE
PARI I. DEAI	IMMEDIATE CAUSE (a)	Uremia			Unknow
600) DUE TO		0 0		
Conditions, if an	y, which) (b)	Chronic se	yelonejeh	rition	Unkno
gave rise to in cause (a), stating t	n mediate		0		
lying cause lost.	le)				
PART II. OTH	ER SIGNIFICANT CONDITION	IS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	MINAL DISEASE CONDITION GIV	VEN IN PART 1(0) 19. WAS AUTOF PERFORMED YES NO
E 20- ACCIDENT WA	S UNDERLYING [] 20b. D	ESCRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Part I or Port II of item 18.)	
OR CONTRIBUTING	CAUSE OF DEATH				
		I. INJURY OCCURRED 20e.	PLACE OF INJURY (Home, far	m, 20f. (City or town)	(County) (St
20c. TIME OF INJURY Hour o. m. p. m.	Whi	ile Nat while	factory, street, affice bldg., et		(Coomy) (Si
p. m.	19 of w	vark ot wark			
21. I certify that	t (I) (this hospital) atte	ended the deceased fra	m 10-12 19	61, to 10-252	19.61, that (I) (we) I
saw the deceas	ed alive an 10-21	+1961 , and the	it death accurred at 7	M. fram the causes ar	nd an the date stated aba
22a. SIGNATURE		224 0 0	, ,		22b. DAT
Ro	bent W. T.	rever	M.D. PHYS.	AED. STAFF PHYS.	SIGN
22c. PHYSICIAN'S			22d. ADDRESS	77770	
NAME (Type)	Robert W.	Trever			
23a. BURIAL, CREMATION	N, 23b. DATE THEREOF	23c. NAME OF CEMETER	Y OR CREMATORY	23d. LOCATION (City, town,	ar county) (State)
REMOVAL (Specify) Burial	10-28-61	Newtown		Cardova. N	Sanul and
24. FUNERAL DIRECTOR'S		ADDRESS	250. REC	D BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
anh 9	= 13-1	2 22000	lm - m 1 00	T 2 0 '61	
To the	- ownar	of he work	DAIE DAIE	Lin	hung S. Henry



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND 11885 CERTIFICATE OF DEATH directar 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND after death. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town! nerwoo T 4/00 0 shoul the d. NAME OF HOSPITAL (If not in hospital, give street address) STREET ADDRESS OR INSTITUTION NX NAME OF First Middle 4. DATE Last DECEASED fille DEATH oges death. (Type or print) 6. COLOR OR RACE MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years last birthday) after WIDOWED V DIVORCED [0 papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during mastraf warking life, even if retired) and unborer pou 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2. physician 5 ATHET with remave IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT event, 120-65-1292 attending ease requires that the death 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c). ā PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) the DUE TO P permit. Conditions, if any, which remaval (b) been signed gove rise to immediate DUE TO couse (o), stoting the underlying cause lost. burial-transit attending physician ar PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CATION cremotian, hos 20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II of item 18.) certificate (IF EITHER, NOTIFY MEDICAL EXAMINER) OS 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED use o foctory, street, office bldg., etc.) While a. m. Not while After this 19 ot work ot work 21. 1 certify that (1) (this hospital) attended the deceased fram. detached Health saw the deceased alive on , and that death accurred of AL DIRECTOR: 22a. SIGNATURE

ATTENDING

22d. ADDRESS

CREMATÓRY

M.D. PHYS

MAME OF CEMETERY OR

MED.

5

DATE OCT

e. IS RESIDENCE ON A FARM? YES NO TO Month. Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS. Manths Doys Hours 12. CITIZEN OF WHAT COUNTRY? JArner INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO (County) (Stote) that (I) (we) last M, from the causes and an the date stated above. 22b. DATE SIGNED STAFF PHYS. LOGATION (City, town, or county) (Stote) 256. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR Cilling & Times

page 3 sh the State TO FUNE VR A15 (4) 1SM 9/59

shauld

3

22c. PHYSICIAN'S

23a. BURIAL, CREMATION.

REMOVAL (Specify) UNERAL DIRECTOR'S DATE THEREOF

236.

tende com tende com en artore para DRAGOVER DETINED DEVICE which almost a series with the **学**对于1000年1000年 The state of the second Later of Continued Continues med.

by the funeral director, and 2 should be filed with

hours ofter death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND

1	11887 CERTIFICATE OF DEATH	1872
The	1. PLACE OF DEATH a. COUNTY A / B o / MARYLAND 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before a STATE naryland b. COUNTY aroline.	admission)
	b. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest RURAL and give nearest tawn) LASTON 2 99.	os town)
	OR INSTITUTION	IS RESIDENCE ON A FARM? YES NO
63	3. NAME OF DECEASED (Type or print) Bessie HNNA GREEN 4. DATE Month Day 19	Year 19 6/
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Days F. WHITE WIDOWED DIVORCED MONTH 10 - 1874 9. AGE (In years lost birthday) Months Days F. WHITE NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) Months Days F. WHITE NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) Months Days F. WHITE NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) Months Days F. WHITE NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) Months Days F. WHITE NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) Months Days F. WHITE NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) Months Days F. WHITE NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) Months Days F. WHITE NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) Months Days F. WHITE NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) Months Days F. WHITE NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) Months Days F. WHITE NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) Months Days F. WHITE NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) Months Days F. WHITE NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) Months Days F. WHITE 10 - 1874 9. AGE (In years lost birthday) Months NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) Months NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) NEVER MARRIED 10 - 1874 9. AGE (In years lost birthday) 10 - 1874 9. AGE (In years lost birthday) 10 - 1874 9. AGE (In years lost birthday) 10 - 1874 9. AGE (In years lost birthday) 10 - 1874 9. AGE (In years lost birthday) 10 - 1874 9. AGE (In years l	UNDER 24 HRS. Haurs Min.
1	10a. USUAL OCCUPATION (Give kind of wark dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State as/fareign country) / 12. CITIZEN OF W during most of working life, even if retired) / // // // // // // // // // // // //	/HAT COUNTRY?
	13. FATHER'S NAME Willis Griffith 14. MOTHER'S MAIDEN NAME UNKNOWN	,
1	1S. WAS DECEASED EVER IN U. S. ARMED FORCES? 14 SOCIAL SECURITY NO. 17. INFORMANT (It yes, give war or dotes of service) (It yes, give war or dotes of service) (It yes, give war or dotes of service) No. 17. INFORMANT (It yes, give war or dotes of service) (It yes, give war or dotes) (It yes, give war or dotes	id,
	PART I DEATH WAS CAUSED BY	AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the under-	ours
1	lying cause last. (c) (c)	WAS AUTOPSY PERFORMED?
	Elliane a data ll. Dian il Control de la lace	ES NO
	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED Haur a.m. While Nat while at wark a	(State)
	21. I certify that (I) (this haspital) attended the deceased fram. 10 19 19 6 1, ta 10 19, 19 6 1, that saw the deceased alive an 10 19 19 6 1, and that death accurred at 2 M, fram the causes and an the date st	(I) (we) last tated abave.
	22a. SIGNATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 10	22b.DATE SIGNED
	22c. PHYSICIAN'S NAME (Type) S. Krech, Jr. 22d. ADDRESS Eastow, Md.	, ,
1	230. BORIAL, CREMATION, 23b. DATE THEREOF 23c. NAME) OF CEMETERY OR CREMATORY 23d. TOCATION (City, Jown, or county)	(State)
2	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SIGNATURE 25d. REC'D BY REGISTRAR'S SIGNATURE ADDRESS SIGNATURE	

TO HOSP Contained by the hospital or otherding physician.

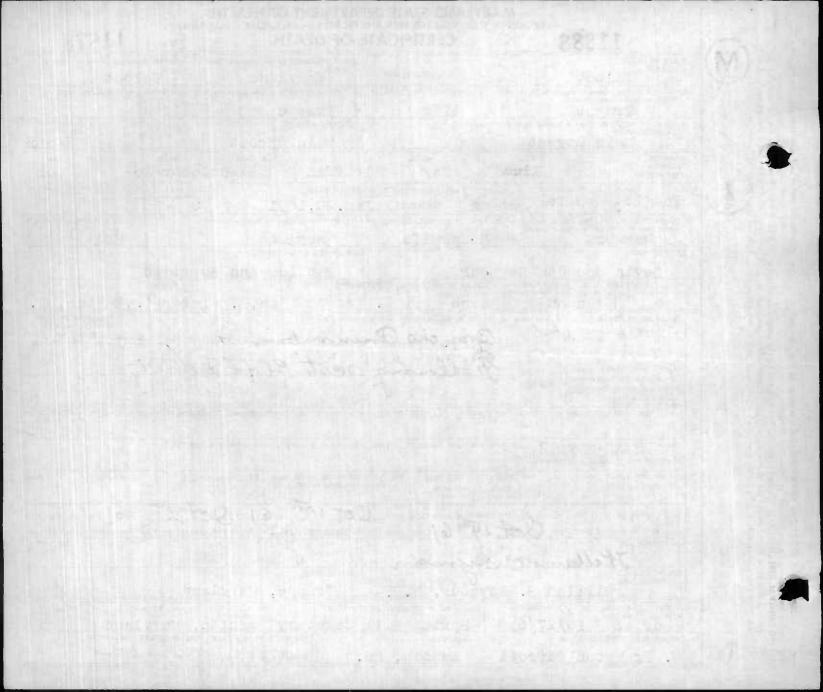
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to buriol, cremotion, or removal, and in any event, within 72 hours after death. VR A1S (4) 1SM 9/S9

THE ENDER OF SECULOR SEASONS DESIGNATIONS The real of the second with the second secon

rs after death. Page 4

VR A1S (4) 1SM 9/S9

77000		- CERTIFICA			-	-0-0
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (W	here deceased lived. If	institution: Residence b	befare admission)
Talbot		MARYLAND	Maryl	and	Talbot	;
b. CITY OR TOWN (If autside carporate lim RURAL and give nearest town)	its, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	autside corporate limits,		
Trappe		life	Trappe	5.75 5.27		
d. NAME OF HOSPITAL (If nat in hospitol, or INSTITUTION	give street o	address)	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM?
Main Street			Main S	treet		YES NO
DECEACED	ida	May	Griffin	4. DATE OF DEATH OC TO	Month ber 25/	Day Year
s. sex Female 6. color or race White	7. MARRI WIDOWE	D NEVER MARRIED DIVORCED	8. DATE OF BIRTH Jan. 20, 189	9 AGE (Ir lost birt 90	years IF UNDER 1 Y	EAR IF UNDER 24 HRS lys Hours Min.
10a. USUAL OCCUPATION (Give kind of work during mast of working life, even if retired	done 10b.	KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (Stote	ar foreign country)	12. CITIZEN	OF WHAT COUNTRY
Housework	"	Housewife	Marylai	nd	US	SA
13. FATHER'S NAME	1 -		14. MOTHER'S MAIDEN			
Levin Spedden	Seymo	our	Matilda	a Ann Bur	ridge	
1S. WAS DECEASED EVER IN U. S. ARMED FOR		SOCIAL SECURITY NO. 17.	INFORMANT		Address	
no none		none R	. Lee Griff:	in, S. Auro:	ra St Ea	aston.Md.
18. CAUSE OF DEATH Enter only one co	ouse per lin				1	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	. 1	3-010 1	D			ONSET AND DEATH
1491 X DUE TO		noncia y	newymon	LO.	,	1 may
Canditions if any which	1/2	1 00 .	ast 0	01.60.	0:0.0-	
gave rise to immediate		10 Course	I com la	tog y all	e leity	
cause (o), stoting the under-		0			2	
	DITIONS C	ONTRIBUTING TO DEATH 80	IT NOT RELATED TO THE TERM	INAL DISEASE CONDITI	ON GIVEN IN PART 1	PERFORMED?
3						YES NO
PART II. OTHER SIGNIFICANT CON 20d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCCURE	ED. (Enter nature of injury in	Part I ar Part II at item	18.)	
20c. TIME OF INJURY Month, Day, Ye Hour o. m. 19			PLACE OF INJURY (Home, forractary, street, affice bldg., etc.	n, 20f. (City ar town)	(Cau	nty) (Stote
Hour o. m. p. m.	While of work	Not while of work	delary, sireer, diffice bidg., en	/		
21. I certify that (I) (this haspita	J) attend	ed the deceased from	West 12th 19	61.10 Det	75, 1961	that (I) (we) las
saw the deceased alive an	of-	41961, and that	death accurred at		ses and an the d	ate stated abave
22a. SIGNATURE				11		22b. DATE
Willman	285	Cumpin 1		IRECTOR PHYS.		SIGNED
22c. PHYSICIAN'S	- Contract	1	22d. ADDRESS			
NAME (Type) William S	. Se	ymour, M.D.	Trappe	Marylan	d	
230. BURIAL, CREMATION, 236. DATE THEREC		23c. NAME OF CEMETERY		23d. LOCATION (City,		(Stote)
REMOVAL (Specify)	61	Spring Hi		773	Mary land	
24. FUNERAL DIRECTOR'S SIGNATURE	01	ADDRESS			b. REGISTRAR'S SIGNA	
W Frampton Carr	011		OGTAG DATE		Circlan S. Fire	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

e. IS RESIDENCE

ON A FARM?

YES NO

IF UNDER 1 YEAR IF UNDER 24 HRS.

Haurs

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

YES NO

22b. DATE

(State)

SIGNED

12. CITIZEN OF WHAT COUNTRY?

Doys

(County)

10'61

... 19____, that (I) (we) last

Months

Yeor

19 601

VR A15 (4) 15M 9/59

Laboratory (A) THE SAME SAME The second of the second of the second LOS WASHINGTON The state of the s The same of the sa

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

11200

SEOME

	77030	CERTIFICA	AIE OF DEATH	178()
	CE OF DEATH Albot	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence of STATE b. COUNTY	ence before admission) Caroline
	ITY OR TOWN (If outside corporate limits JRAL and give nearest town)	, write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL one	d give nearest town)
	L-AS	ton 2 da	Bethlehem	0 24 -
g. N.	AME OF HOSPITAL (IS not in haspital, give R INSTITUTION Memo Re	1 11 1	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	AE OF EASED Ruth First	Lee Modele	HARLING 4. DATE Month OF DEATH OF	Day Year 196/
s. sex		7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH August 10, 1901 9. AGE (In years lost birthdoy) 60 yrs.	ER 1 YEAR IF UNDER 24 HR. Doys Hours Min.
10a. USI dur	UAL OCCUPATION (Give kind of wark do ring most of working life, even if retired)	ane 10b. KIND OF BUSINESS OR INC	DUSTRY 11. BIRTHPLACE (State ar foreign cauntry) 12. C	ITIZEN OF WHAT COUNTRY
	Housework	Home	Baltimore, Maryland	U.S.A.
13. FATH	HER'S NAME		14. MOTHER'S MAIDEN NAME	
	William Thompson		Unknown	
Yes, no,	S DECEASED EVER IN U. S. ARMED FORC or unknown) (If yes, give war or dates of ser	vicel	Harvey E. Harding, Bethlehem, Ma	ryland
18.	CAUSE OF DEATH [Enter only one couper to the	Depticemia		INTERVAL BETWEEN ONSET AND DEATH
g c ca lyi	anditions, if ony, which over rise to immediate use (a), stating the under ling couse lost. PART II. OTHER SIGNIFICANT COND		out not related to the terminal disease condition given in Pa	PERFORMED?
OR (IF	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in Port I or Port II of item 18.)	YES NO
WEDICAL	TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)	(Caunty) (State
	I certify that (I) (this haspital) with deceased alive an		n. 10 let 1941ta 12 let	he date stated above
220	signature fleen free & a	ui u	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE 12 Octor
22c	NAME (Type) / HORSTO	W HARRISON	22d. ADDRESS Lawy land	-
23a. BUI	RIAL CREMATION, 23b. DATE THEREOF MOVAL (Specify) Jrial Oct. 14,	23c. NAME OF CEMETERY 1961 Junior Orde		
24. FUN	HERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D BY REGISTRAR 256. REGISTRAR'S Stalsburg, Md DATET 16'61 Culing 8.1	SIGNATURE

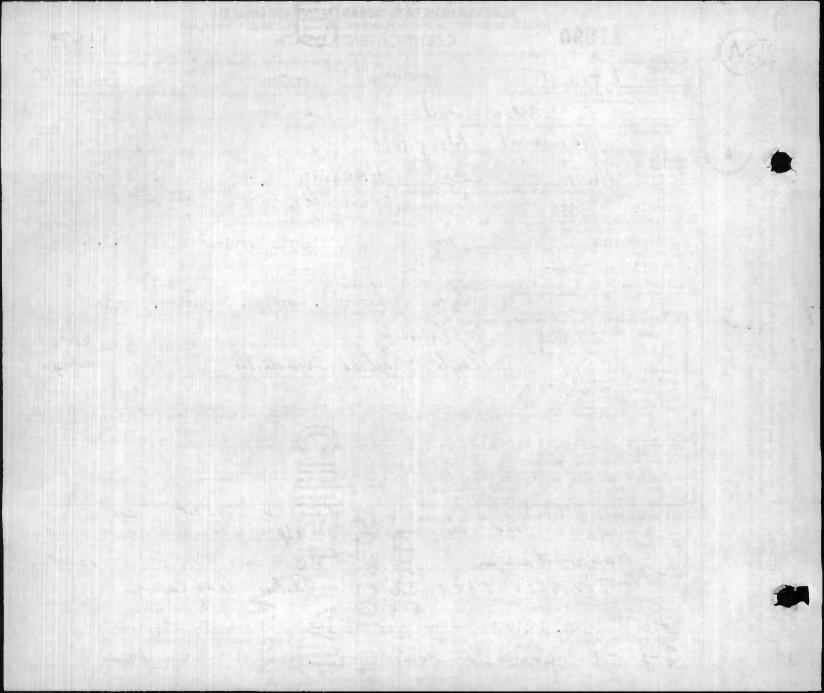
Pages 1 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may by solvined by the haspital ar attending physician.

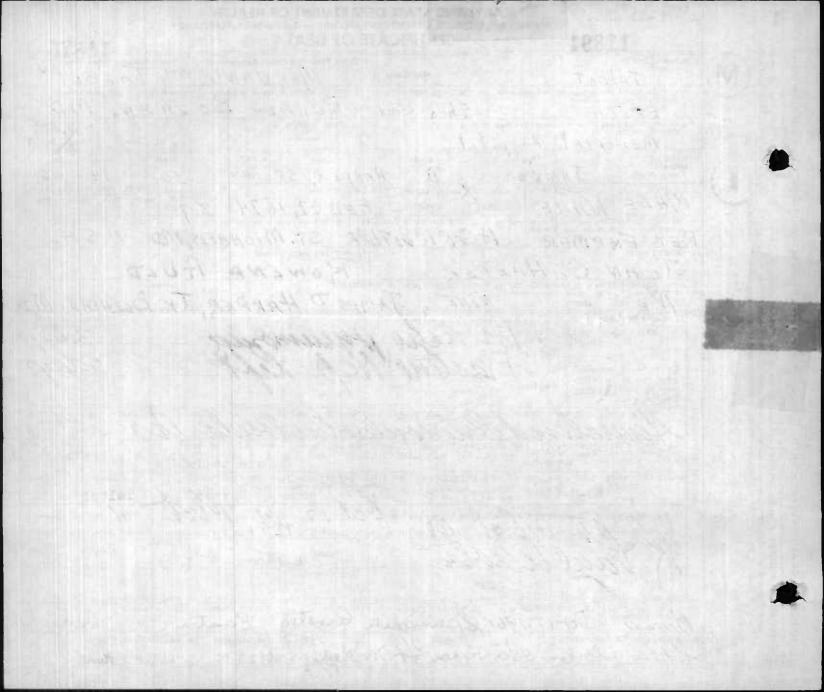
TO FUNEALL DIRECTOR: After this certificate has been signed by the attending physician and campletely fille page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages the State Board of Health prior to burial, cremation, ar remaval, and in any event, within 72 haurs after death TO HOS VR A15 (4) 15M 9/59

urs after death. Page 4

by the funeral directar, d 2 shauld be filed with

and





ours after death. Page 4

OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

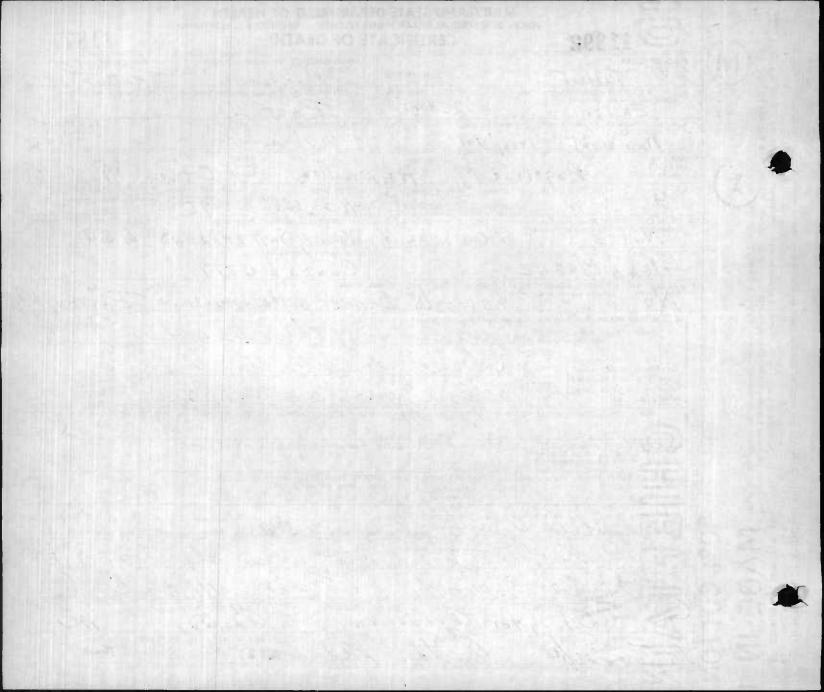
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

1877

,	11892	CERTIFICA	TE OF DEATH		1187	17
	1. PLACE OF DEATH a. COUNTY Talbot	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	b. COUNTY		issian)
	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) E GSTON.	c. LENGTH OF STAY IN 16	DOE	side carporate limits, write	RURAL and give nearest to	∾n)
	d. NAME OF HOSPITAL (If nat in haspital, give stree OR INSTITUTION	address)	d. STREET ADDRESS	st	ON	ESIDENCE A FARM? NO 1/2
	3. NAME OF DECEASED (Type or print) Hage () ne	2 M. Hei	n muller	DEATH OCTOB	eR 19	Year 19 61
		RRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH VAN. 23, 1886	9. AGE (In years last birthday)		Min.
	10a. USUAL OCCUPATION (Give kind af wark dane during not af warking life, even if retired)	RACTIC & L N	VEVEY, SWI	TZERLANZ	12. CITIZEN OF WHAT	COUNTRY?
	13. FATHER'S NAME SCAN MAGNE		14. MOTHER'S MAIDEN NAM CLARA L	4771		
	(Yes, no. 1 unknown) (If yes, give war or dates of service)	18-03-4968 E	PNEST V. 140	FINMULLER	EASTO	N. M
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	line for (a), (b), and (c).]	e of the	Grend	ONSET AN	BETWEEN ID DEATH
	Canditians, if any, which (b)	olon, mei	levolatie.	to ly	h	
	gave rise to immediate cause (a), stating the under-lying cause last.	rodes, bra	in ad	of lee	c	
1	PART II. OTHER SIGNIFICANT CONDITIONS 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				IVEN IN PART 1(a) 19. WA: PERI YES	ORMED?
		SCRIBE HOW INJURY OCCURRE	ED. (Enter nature af injury in Par	t I ar Part II of item 18.)		
	20c, TIME OF INJURY Manth, Day, Year 20d, Haur a. m. 19 While at wo	e Nat while fa	LACE OF INJURY (Hame, farm, actory, street, office bldg., etc.)	20f. (City ar tawn)	(Caunty)	(State)
1	21. I certify that (I) (this hespital) after saw the deceased aliverant	nded the deceased fram.	death accurred at 33//N	, ta , fram the causes a	, 19, that (I) nd an the date state	
	22a. SIGNATURE CLIFFACTOR	-df		CTOR STAFF	2001	226. DATE
	22c. PHYSICIAN'S NAME (Type) F. C. H. Sc	hmidt	22d. ABORESS	~ Mo	yland	
	23 BURIAL, CREMATION, 235 DATE THEREOF	, Wordles	OR CREMATORY 2:	3d 100 TION (City, town,	m	tate)
	24. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	250. REC'D		SISTRAR'S SIGNATURE	,

may by rained by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely fills page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard of Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after death. TO HOS VR A15 (4) 15M 9/59



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) a. COUNTY meral director, Page a. STATE is necessary altimore Maryland
c. City or rown (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN IL write RURAL and give neerest town) Pikesville Near St Michaels
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) P State Boar d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Village Road retained Easton Memorial YES NO X death. NAME OF Middle 4. DATE DECEASED OF in pencil in Item 18. Give Pages 1, 2, and 3 to the Office along with form PM3. Page 5 may be repurial-transit permit. File pages 1 and 2 with the coval, and in any event within 72 hours after d (Typa or print) DEATH 19 8. DATE OF AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWED [DIVORCED 24 hours after 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, aven if ratired) File pages 1 avent within 7 Paperhandler Alco Engravers Owings Mills Md. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Guilford Edward Hoff Bessie E. Sherman This certificate should be executed within 15. WAS DECEASED EVER IN U.S. ARMED FORCES? SOMAL SECURITY NO. 17. INFORMANT Address (Lixes give wer or detes of service) Office along with family burial-transit permit amoval, and in any e atricia R. Hoben Hoff (Wife 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO removal. Conditions, if env. which (b) "pending" Examiner's (geve rise to immediate cause DUE TO (a), steting the underlying causa last. cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a); 19. WAS AUTOPSY CERTIFICATION PERFORMED? 9 execute the certificate, writing the word should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should b NO 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | MEDICAL EXAMINER: burial, CAUSE OF DEATH. MEDICAL Month, Day, Yeer 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town 20c. TIME OF INJURY (Stata) factory, treet, office bldg., atc.) 0 Not While? et work prior 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection and in my opinion Inquiry agent, death resulted from: ccident Suicide Homicide Undetermined manner Natural causes CHIEF MEDICAL EXAMINER designated ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE EXAMINER'S NAME (Type) Address (Street, city, town, or county please 4 shoul 22a. BURIAL, CREMATION, 22b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) DE S REMOVAL (Spacify) O ö Burial Cemetery Garrison. 24a. REC'D BY REGISTRAR 23. FUNERAL DIRECTOR VS. A15ME 5M 7/59 Ci-Thur & Hears DATE

MARYLAND STATE DEPARTMENT OF HEALTH

BOTTO TO THE Will by said Guilfurd Edward Defil St. Total appear in the property of the person o bit sanot mestrosio reagensis areas. To the Del-II lateria

MEDICAL EXAMINER'S CERTIFICATE OF DEATH 11894 cremation PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Talbot o. COUNTY o. STATE Maryland b. COUNTY Caroline MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN IIf outside corporate limits, write RURAL and give nearest town) Denton R.D. # 1 D.O.A. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS Easton Memorial None NAME OF 4. DATE Month DECEASED OF regist Paul Knotts funer 2 (Type or print) 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR Male White 2-28-1957 WIDOWED | DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) None Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Paul P. Knotts Doris Henning 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Paul P. Knotts None Denton R.D. #L Md. 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: orina a lace & mia IMMEDIATE CAUSE (o) o buriol-tronsit DUE TO Conditions, if ony, which gove rise to immediate cause Suolo **DUE TO** (o), stoting the underlying couse lost. 00 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 20g. EXTERNAL CAUSE WAS PRIMARY G or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of item 18.) 3 should WEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) edicol factory, street, office bldg., etc.) While Not while a. m. of work of work p. m. d to the Chief Media 21. I certify that I tack charge of the remains described above, held an Autapsy X, Inspection X, Inquiry X, and find that death resulted fram: Natural causes X. Accident ____, Suicide _____, Hamicide _____, Undetermined cause _____. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER EXAMINER'S DEPUTY MEDICAL EXAMINER M NAME (Type) Dawson O. George 220. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) REMOVAL (Specify) 0 Greensboro Greensboro, Maryland ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE VS. A15ME(5) OCT 2 7 '61 C. Thur S. Kraya DATE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

Rea. Dist. No.

Days

U.S.A.

(County)

. IS RESIDENCE ON A FARM?

YES NO T

19

Hours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL RETWEEN ONSET AND DEATH

PERFORMED? YES DE

DATE SIGNED

(Stote)

NO I

(State)

IF UNDER 24 HRS.

61

Managar Section 19	

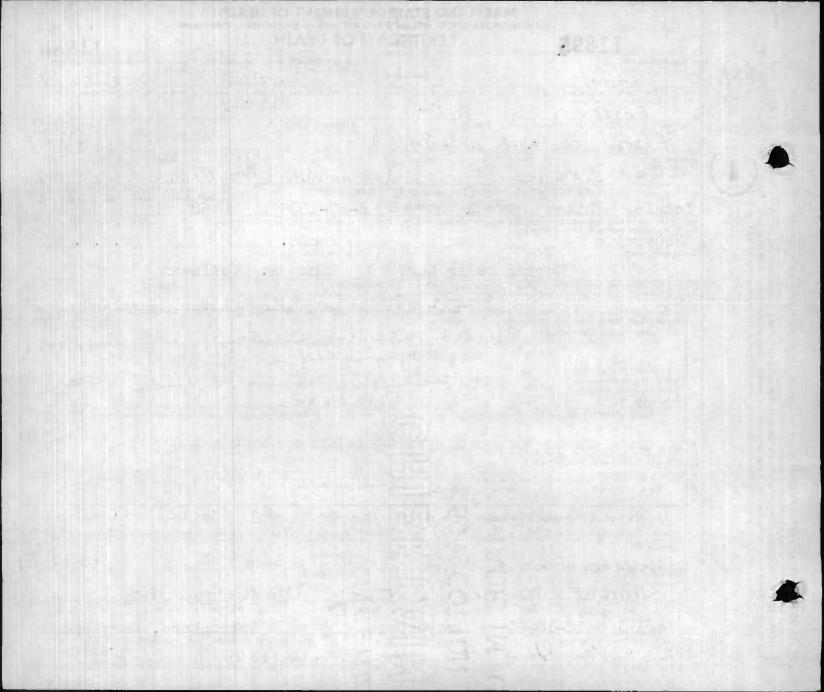
VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

IVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

			DIAISION OF	STATISTICAL RESEARCH	AND	KECOKD:	_	DALIII
1	-	295		CERTIFIC	ATE	OF I)E/	HTA

1.	a. COUNTY	bot			ARYLAND		JAL RESIDENCE (V	where decease	b. COUNTY		7 .	re admiss	ian)
	b. CITY OR TOWN (IF RURAL and give ne		its, write	c. LENGTH OF S	STAY IN 1b	с. (orate limits, write R	RURAL and		1000	1)
	d. NAME OF HOSPITA OR INSTITUTION	Memore	give stree	Hospit	44/	d.	STREET ADDRESS	- ×-	None				FARM?
3.	NAME OF DECEASED (Type or print)	Irene		Mi	iddle Ka	201	lost 1eman	4. DATE OF DEATH	Octob	e R	Do		Year 1961
5.	SEX	6. COLOR OR RACE	7. MA	RRIED NEVER MA			OF BIRTH		9. AGE (In years	IF UNDE			ER 24 HRS
]	Female	White	WIDOV	VED X DIVO	ORCED	8-	27-1893		last birthday) 68 yrs.	Manths	Days	Haurs	Min.
100		ng life, even it retired	dane 10i		SS OR INDU	STRY 11	~	le ar foreign a	country)	12.CI		WHATC	OUNTRY
13	Housewif	е		None		14.4	Penna.	NIAME			I.S.	A.	
13.	TATTLER 3 TANKE	Uonm	0.30	Occas N	0 f f	14. //	703	_	offmann				
10	WAS DECEASED EVER	Herm		- 10 0 00	eff	VEORMA		ь. н	offmann				
(Ye	s, no. or unknown) (I	f yes, give war or dates of s		200 70 1				m			-	7	
H	No			221-58-		Mul.	ford Sw	ing H	aston,	Mary			
		TH [Enter anly one co TH WAS CAUSED BY:	use per	line far (a), (b), and	(c).] .	0		. 0	-			ERVAL BE	
	IMMEDIATE CAUSE (a)												
		DUE TO)	tept	14cm	اب	leg is	2.					-
	Canditians, if an gave rise to in)	1th . Dec	1.		a O	-0 -		0	-	110	
	cause (a), stating t)	194 100	a my	3 4	c space	N one	ascue	lay		74	17
7	lying cause last.) (c)(\rightarrow		case.					0 14/40	LUTORCY
CATION	PART II. OTH	er significant con	DITIONS	CONTRIBUTING	J DEATH BUT	NOT RE	CATED TO THE TERM	MINAL DISEAS	SE CONDITION GIV	ZEN IN PA	KI I(a) I	PERFO	RMED?
CERTIF	200. ACCIDENT WAS OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DE	SCRIBE HOW INJUI	RY OCCURRE	D. (Enter	nature af injury in	n Part I ar Par	rt II of item 1B.)				
MEDICAL	20c. TIME OF INJURY Haur a. m. p. m.	Month, Day, Ye	Whil	INJURY OCCURRED Nat while ark at wark			INJURY (Hame, fai eet, affice bldg., e		y ar tawn)		(Caunty)		(State)
	21. I certify that	(I) (this hospital	l) atter	ded the decea	sed fram.	ma	uch 1	253, to_	001.12	, 19	<u>▶</u> , th	at (1) (we) last
	saw the decease	ed olive on	12	1961,	ond that d	death o	occurred of 7:3	KSM, from	the couses or	nd on th	e dote	stated	obave
	22a. SJONATURE M.D. ATTENDING MED. STAFF DIRECTOR PHYS.									0 4	SIGNED		
	22c. PHYSICIAN'S NAME (Type)	LES I	4 L	1,000	CoT		d. ADDRESS	sqe	hy.)	mel			
23	BURIAL, CREMATION	N. 23b. DATE THEREC)F	23c. NAME OF	CEMETERY O	R CREM	ATORY	23d. LOCA	TION (City, tawn,	ar county)		(Stat	e)
	Burial	10-16-	61	Green	nsbor	0		Gre	ensboro	. Ma	rvl	and	41
24	FUNERAL DIRECTOR'S	SIGNATURE ()		ADDRESS	0		250. RE	C'D BY REGIS		STRAR'S S	IGNATU	RE	TE.
8	John E.	Boula	12	Dreer	rollar	20-	my DATEC	T 2 3 '61	Car	Lun 8	House		



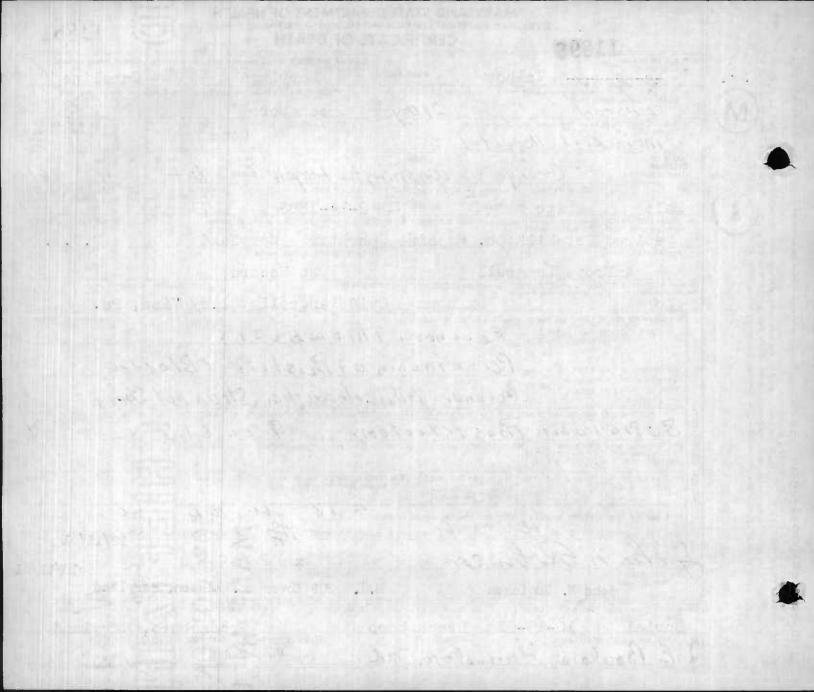
AND	1	1	0	5	1
	.1.	1	8	0	1

1190	e DIVISION OF	CERTIF	ICATE	OF DEAT	H	MARTEAND		118	81
1. PLACE OF DEATH o. COUNTY	Talbo	t MARYI		STATE Mar	(Where deceased yland	l lived. If institut b. COUNTY	~	oefare admi	1/
b. CITY OR TOWN (If outside car RURAL and give nearest town) A3+0N		c. LENGTH OF STAY I	IN 16	Greens		rate limits, write I	RURAL and give	nearest far	wn)
d. NAME OF HOSPITAL (If not in OR INSTITUTION Memoria	Hospital, give street	fal		d. STREET ADDRESS	Noi	ne		ON	A FARM2
3. NAME OF DECEASED (Type ar print)	George	Middle WAS.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tow Langa	4. DATE OF DEATH	Det		Day /	Year 19 6/
	ite WIDOW		2	TE OF BIRTH / -14-188	8	9. AGE (In years lost birthdoy) 73 yrs.	Manths Do		_
10a. USUAL OCCUPATION (Give kin during most of working life, eve Retired Pet 13. FATHER'S NAME	n if retired)	. KIND OF BUSINESS OF	e Ope	11. BIRTHPLACE (SI	Maryla		12. CITIZE	U.S	·A ·
	Langre			No :	Record	Ada	dress		
	or dates of service)	SOCIAL SECURITY NO. Unknown	Ovi		ell Va			a.	
Conditions, if any, which gove rise to immediate cause (o), stoting the underlying couse lost. PART II. OTHER SIGNIFIC CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL EXECUTION OF CONTRIBUTION OF CAUSE CONTRIBUTION OF CAUSE CONTRIBUTION OF CAUSE CONTRIBUTION OF CAUSE CAUSE CONTRIBUTION OF CAUSE CONTRIBUTION OF CAUSE CAUSE CONTRIBUTION OF CAUSE	1: 7	2 + ein 6. + On avy a. CONTRIBUTING TO DEA OS + C+ e	Therese	PEORIS A	tate havist erminal disease 9.21.	LUMBO	Shis		AUTOPSY FORMED?
		SCRIBE HOW INJURY OF		ter nature of injury DF INJURY (Hame,			(Cau	ntv\	(State)
Haur a. m. p. m.	19 While of wo	Nat while	foctory,	street, affice bldg.,		10.11			
21. I certify that (I) (this saw the deceased alive 1236. SIGNATURE 22c. PHYSICIAN'S NAME (Type) John N		10 1961, ond		ATTENDING PHYS. 22d. ADDRESS 202 Do	MED. DIRECTOR	the causes on staff PHYS. Easton,	nd on the d	711/6	(we) lost d obave. DATE SIGNED 0/11/6
23a. BURIAL CREMATION, 23b. DA REMOVAL (Specify) BUTIAL 24 FUNERAL DIRECTOR'S SIGNATUR	0-13-61	Greens' Address		250. §		1		ryla:	ote) nd

TO HOSING OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be aloned by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filler, by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon pages. Pages 1 and 2 should be filled with the State Board of Health prior to burial, cremation, or remaval, and in any event, within 72 hays after death.

VR A15 (4) 1SM 9/S9



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH filed with directa PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE b. COUNTY MARYLAND Maryland Talbot b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) RURAL and give nearest lown) -6 EASTON St. Michaels d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? OR INSTITUTION YES NO T Easton Mem. Hosp. 4. DATE NAME OF Manth Year DECEASED (Type or print) DEATH 19 IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years last birthday) Months Days Male White June 11, 1886 WIDOWED [DIVORCED | VIS 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of warking life, even if retired) Neck Dist. Md and Chemist 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Samuel E. LeCompte Eliza Spedden physici 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address attending please ony 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] Useenia due to ach croselerotic suplus father INTERVAL BETWEEN ONSEL AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o' the pup DUE TO Conditions, if ony, which (b) gove rise to immediate DUE TO cause (a), stating the underlying couse lost burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMEDS YES TIND 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or tawn) Month. Day, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Haur o. m. While Not while ot work ot work p. m. 194/, that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased fram. , and that death accurred at saw the deceased alive an from the causes and an the date stated above. DIRECTOR: 22a. SIGNATURE 22b. DATE SIGNED ATTENDING STAFF PHYS. DIRECTOR | M.D. 22c. PHYSICIAN'S 22d. ADDRESS 23a. BURIAL CREMATION 23b. DATE THEREOR 23d. LQCATION (City, town, or county) (State) page the St

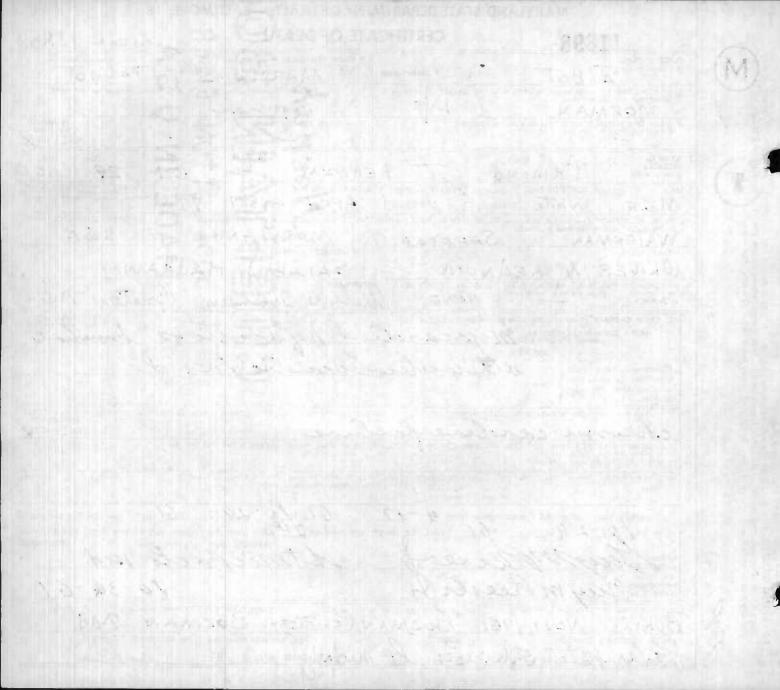
REC'D BY REGISTRAR

25h. REGISTRAR'S SIGNATURE

arthur & Kraus

VR A15 (4) 15M 9/59

AND THE PROPERTY AND PARTY OF THE PARTY OF T Statistic Lands A PROPERTY AND AND A STATE OF THE PARTY OF T MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



filled in by the funeral Pages 1 and 2 should within 24 hours after death. Use 4 may be retained by the hospital or attending physician.

IO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 should be defacted for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death. The law requires that the death certificate be execut OR ATTENDING PHYSICIAN: TO HO

15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 11899 CERTIFICATE OF DEATH

	1. P	COUNTY	2. USUAL RESIDENCE (Where deceased lived, if Institution, Residence before a diffission) a. STATE b. COUNTY
	-	CITY OF TOWN I	Marylang Lalbot
		CITY OR JOWN (if outside corporate timits, write RURAL and give present town)	c. CITY OR TOWN (Moutside corporate limits, write RURAL and give nearest town)
1	d	NAME OF HOS ITAL OX VISTITUTION (if not in hospital, give street address)	d. STREET CODDESS a. IS RESIDENCE
X		ag. Houl.	ON A FARM? YES NO [2]
1	D	NAME OF PORTUGE SEQUENCE SEQUENCE	Last 4. DATE Month Day Year OF DEATH OF 196/
	5. 5	Will wildowed Divorced Divorced	Sept. 11 1878 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Hours Min.
	te	USUAL OCCUPATION (Giva kind of work of the property of working life, even if refred) 10b. KIND OF BUSINESS OR INDUSTR'	Y II. BIRTYPLACE (County & State for foreign country) 12. CITIZEN OF WHAT COUNTRY?
	13.	Laures M. Leonard.	14. MOTHER'S MAIDEN NAME GGGS BERRY
	(Yes,	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I. 20. or unkown) (If yas give war god alas of sarvica) 220 - 63 - 3847 Miles	NEON FAULINE NICKERSON Trappe Md.
		18. CAUSE OF DEATH [Entar only one case per line fo; (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	INTERVAL BETWEEN ONGET AND DEATH
	- 1	gava risa to immediata causa	au - generalizes 3 years
		(a), stating the underlying DUETO cause last. (c)	
3	CERTIFICATION		T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
		208. ACCIDENT WAS UNDERLYING DR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	(Entar natura of injury in Part I or Part II of itam 18.)
	MEDICAL		CE OF INJURY (Homa, farm, 20f. (City or town) (County) (Stata) ory, straat, offica bldg., etc.)
	2	21. I certify that (I) (this hospital) attended the deceased from	May 1995 10/16 196/ that (1) (we) last
			death occurred at 2
		William L. Writtes M.	D. ATTENDING MED. STAFF SIGNED SIGNED
	2	Physician's William L. Winters 210 E. Dover St., Easton, Md.	22d. ADDRESS
	23a.	BURTAL, CREMATION, 236) DATE THEREOF 230 FRAME OF CEMPTERY CONSTRUCTION OF CONSTRUCTION	REPREMATORY 23d. KOCATION (City, lown or county) (5Min)
	24 5	ADDRESS ADDRESS	25. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
	1/1	auce Mewaly Thou	DATE OCT 1 9'61 Chilling & Krons

STATE THE THE PARTY OF THE PART letters Termile School III Thereach a company of the As the Sun said of the Sun to the assalancered sadje Water to a comment of the welling 19 2/41 12/2 12011 Historian Kellesters Willey of the found that Granting Later ambalia . The wally The the

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11900

46	100	156	
- 1	-8.	28	
4	- 22	15	1

- i - i			
Page direct	(M)	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY	an)
eral be f		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town RURAL and give nearest town)	1
fun old		EASTON I WK. Sugles of	3
s afte y the 2 sho	080		FARM?
on pu			
Filled Filled Jes 1.5 ath.		DECEASED OF OF	1961
within etely Page ter de		S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lift UNDER 1 YEAR IF UND	Min.
ampl apers ars af		10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 12-BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT C	OUNTRY?
and com pour 2 hat		Thomas home Lingling Murphand Ilsh	2
cian crarb	T	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Thomas Thomas	
physimav mav nt, w	F	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) Address Address	1.0
ing e re		Mr None Wil Welson p. Jugleside	RX
death trend pleas		18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	DEATH
the at hen hen id in		IMMEDIATE CAUSE (o) LACULAL FULLIM	rip
that by th t. T		Conditions, if ony, which (b) A. A. D	
gned permi		gove rise to immediate couse (a), stating the under-	
an. n sign sit p		lying couse lost. (c)	
law nysici bee l-trar ian,			RMED?
The plas has	1	20g. ACCIDENT WAS UNDERLYING 1 A20b. DESCRIBE HOW WILLEY OCCUMED, (Enter nature of injury in Part I or Part II of item 18.)	NO 🗵
IAN: endir ficate the b		OR CONTRIBUTING CAUSE OF DEATH	
r att certi e as burid		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a.m. 20e. PLACE OF INJURY (Home, form, factory, street, affice bldg., etc.) (City or town) (County)	(Stote)
tal o this this ar us		Hour a. m. While Nat while ractary, street, arrice plag., etc.) P. m. 19 of work	
After ed fe		21. 1 certify that (1) (this hospital) attended the deceased from 1901, to 10/27, 1961, that (1) (
TEN the lack	- ,	sow the deceased alive on 1961, and that death occurred at 2 M, from the causes and an the date stated	obave.
S AT B by Be de of H		Therend Olympia By M.D. ATTENDING MED. STAFF PHYS. 1/1/6/	SIGNED
old load		22c. PHYSICIAN'S NAME (Type)	- h
EKAL S sha		HOWARD, F. MINNAMONINA, Denirord arenue, 1000	41/1
may be FUNE	2	23a. BYRIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY. 23d. LOCATION (City, town, or county) (State State Sta	· leur
5 5 g =	10	24, FUNEBAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE	
VR A1S (4) 15M 9/59	15	Warrand Baston & Pouten Ben Culturable Med DATE NOV 3 '61 ariling S. Kraus	

Mari Sourasmines 80015 the first the street of the street of

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

11886

11901

	PLACE OF DEATH	-16.+	*			USUAL RESIDENCE	CE (Whe	ere deceased	d lived. If institut		ce befare ad	Imissian)
	/	9/601			YLAND	Mary				Talb	ot	
	RURAL and give ne	autside carporate limi arest town)	ts, write	30 days	IN 16	29 East		itside corpo	rate limits, write f	RURAL and g	ive negrest	town)
	OR INSTITUTION	AL (If not in hospital, g	ive street	spital		d. STREET ADDR		gust	Street		0	RESIDENCE ON A FARM? S NO TO
	NAME OF DECEASED (Type or print)	Kenn	-11	Middle		Sand		4. DATE OF DEATH	Octob		Day /(o	Year 19 G L
	Male	6. CÓLOR OR RACE White	T -	NEVER MARR		ate of Birth	192	29	9. AGE (In years last birthday)	IF UNDER		JNDER 24 HRS
10c	. USUAL OCCUPATIO	N (Give kind of wark a	dane 10b.	KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE	(State o	r fareign c	auntry)	12.CITI	ZEN OF WH	IAT COUNTRY
	forema	n		railroad		Maryl					USA	
13.	FATHER'S NAME	+ Cama			1	4. MOTHER'S MAI						
	Ernes						ıma	Mill				
		R IN U. S. ARMED FOR If yes, give wor or dates of so		SOCIAL SECURITY NO). 17. INFO I	RMANT			406	Augu	st S	t.
	no	none	2	13 24 469	4 Mrs	. Betty	7 M.	. Sai			Mary	land
	The second secon	TH [Enter anly ane ca	use per li	ne far (a), (b), and (c)	-]	1				,	INTERVA ONSET	L BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Meta	static Emb	ryonal	Carcinom.	ao	1 Rigi	IT TEST	15	1	year.
	178 X	DUE TO			/		9				1	
	Canditions, if or)									
	gave rise to in cause (a), stating t											
	lying couse last.	(c)									
CATION	PART II. OTH	ER SIGNIFICANT CON	DITIONS (CONTRIBUTING TO DE	EATH BUT NO	T RELATED TO THE	TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PART	PE	AS AUTOPSY
CERTIFICATION	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	OCCURRED. (I	Enter nature of inju	ury in Po	art 1 or Par	t II af item 1B.)	L High		
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Y Manth, Day, Yes	20d. li While of wor	NJURY OCCURRED Not while	20e. PLACE factory	OF INJURY (Hame , street, affice bld	e, form, g., etc.)	20f. (City	ar tawn)	(0	County)	(State
	21. I certify tha	t (I) (this haspital		ded the deceased 16 1961, and		Sept	196		10.16			(I) (we) las
	22a. SIGNATURE	ed dilve dil		_9_ 17_7, and	inar aea	in accurred ai	02_59	M, Iram	rne causes ai	na an me	agre sig	22b. DATE
	/	Skred	h	ji.	M.D		MEI	D. ECTOR	STAFF PHYS.	2119	10.	18:61
	22c. PHYSICIAN'S NAME (Type)	5. KRECI	5 ,	JK.		22d. ADDRESS EAS	TO	N,	Md.			
230	BURIAL, CREMATIO	N, 23b. DATE THEREC	F	23c. NAME OF CEA	AETERY OR C	REMATORY		23d. LOCA	TION (City, town,	ar caunty)	THE	(State)
	Burial	10/18/6	1	Spring	Hill	Cemeter		Eas		aryla	nd	
24.	FUNERAL DIRECTOR'S	S SIGNATURE		ADDRESS		250	. REC'D	BY REGIST	TRAR 25b. REG	ISTRAR'S SIC	SNATURE	

Easton, Md.

Carroll

Frampton

OCT 2 0 '61

DATE

arthur S. Kraus

and 2 should be filed with Pages 1 TO FUNE.AL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled page 3 should be detached for use as the burial-transit permit. Then please remaye carban papers. Pages the State Board of Health priar to burial, cremation, or remayol, and in any event, within 72 haurs after deather.

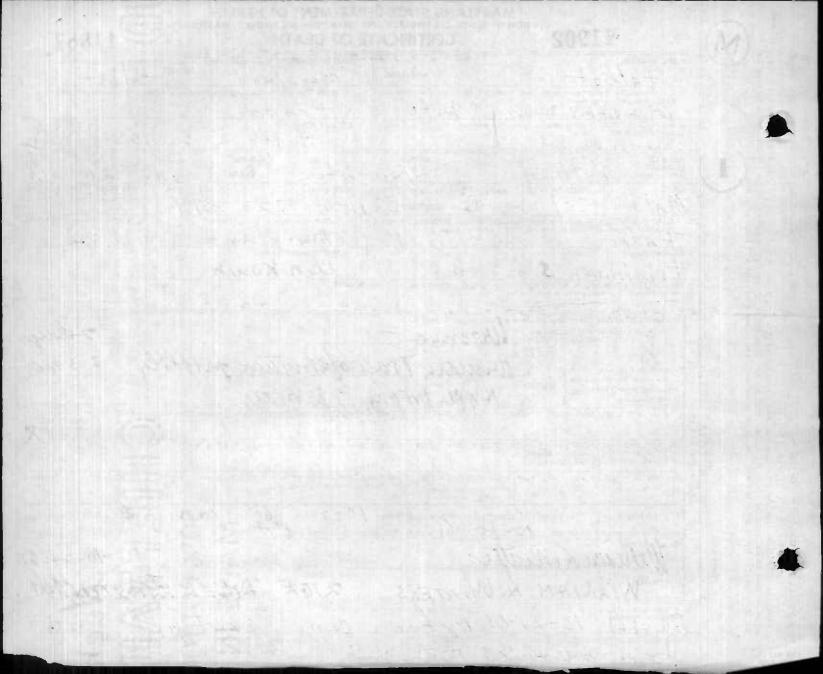
rs ofter deoth. Page 4

requires that the death certificate be executed within 2

VR A15 (4) 15M 9/59

Enter the total of an well and the state of the terms

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH director, USUAL RESIDENCE Where deceased lived. If institution: Residence before admission , PLACE OF DEATH filed a. COUNTY b. COUNTY uneral b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 16 CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION STREET ADDRESS e. IS RESIDENCE ON A FARM? YES NOT by 162 Box puo 2 NAME OF First Middle 4. DATE Month Year Last OF DEATH DECEASED (Type ar print) 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS letely 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdoy) Months WIDOWED T DIVORCED popers. aft. campl 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dusing most of working life, even if retired) 13. FATHER'S NAME uh Kowh physic 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknown) (If yes, give war or dates of service) attending INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUF TO chai probably þ Conditions, if ony, which gned gove rise to immediate **DUE TO** couse (o), stoting the underlying cause lost. peen THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DE PERFORMED? YES NO 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Caunty) (State) factory, street, office bldg., etc.) Haur o. m. While Nat while at work ot wark 21. I certify that (I) (this haspital) attended the deceased fram. 20 1961, and that death accurred at saw the deceased alive an. 70%, from the causes and an the date stated above. TO FUNERAL DIRECTOR: be detac 220 9 ATTENDING PHYS. STAFF PHYS. MED.
DIRECTOR M.D. 22d. ADDRESS 3 should 23d. LOCATION (City, tawn, ar caunty) 23a. BURIAL CREMATION. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY ADDRESS 256 REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR arthur & Hours DATE



VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

E 1, MARYLAND

VISION	OF	STATISTICAL	RESEARCH	AND	RECORD:	i —	BALTIMO	OR
		CF	PTIFIC	ATF	OF I)FA	HTA	

-	5	0	4	63
	- 8	8	7	×
- 43	edit.	1 7	V	1

	11002 CERTIFICA	ATE OF DEATH	11888
	1. PLACE OF DEATH o. COUNTY TalboT MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Reside a. STATE ARVLAND b. COUNTY	PLBOT
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) 2-05/07. 32 days.	c. CITY OR TOWN (If outside corporate limits, write RURAL one St. MicHAELS,	give nearest tawn)
)	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION OR I	d. STREET ADDRESS	e. IS RESIDENCE ON A FARMA YES NO
	3. NAME OF DECEASED (Type or print) SQRah Lena	Sparks, d. DATE Month OF DEATH OCTOBER	Day Year 1961
	S, SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	AUG 5, 1884 77 yrs. Months	R 1 YEAR IF UNDER 24 HRS. Doys Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR IND during most of working life, even if retired) 10. USEWIFE 13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country) 12. CI	US A
	CHARLES WILLEY	SARAH HARRISOW INFORMANT Address	
	(Yes, no, cynntyfown) (If yes, give war or dates of service) — M	RS. JOHN STRICKROTH, EA	STON, MD
	1B. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	- Leure	ONSET AND DEATH
	Condifians, if any, which gove rise to immediate couse (a), stoting the under-lying couse lost.	Elielogy.	3 who
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE Mycarbul Kailine Syperte	UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PA	19. WAS AUTOPSY PERFORMED? YES NO
	3 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. 1	PLACE OF INJURY (Home, form, factory, street, office bldg., etc.)	(County) (Stote)
	21. I certify that (I) (this hospital) attended the deceased from sow the deceased alive on 10 1960 and that	deoth occurred a BM, from the couses and on the	ef, that (1) (we) lost ne dote stoted obove.
	220. SIGNATURE	M.D. ATTENDING MED. STAFF DIRECTOR PHYS.	22b. DATE SIGNED
	226 PHYSICIAN'S MReeser &	Atmichaels W	rd
	23a. BUBIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OLF 20, 1961 Cline	emelory of muchael	b. Sud
	24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS	MICHAEL OCT 2 3 '61 25b. REGISTRAR'S	8. Kinne
ı		mo	De Contract de

75001 Themself Respect ASAMA HAMALIA Note that the state of the stat the first to the wall water about

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

1100%

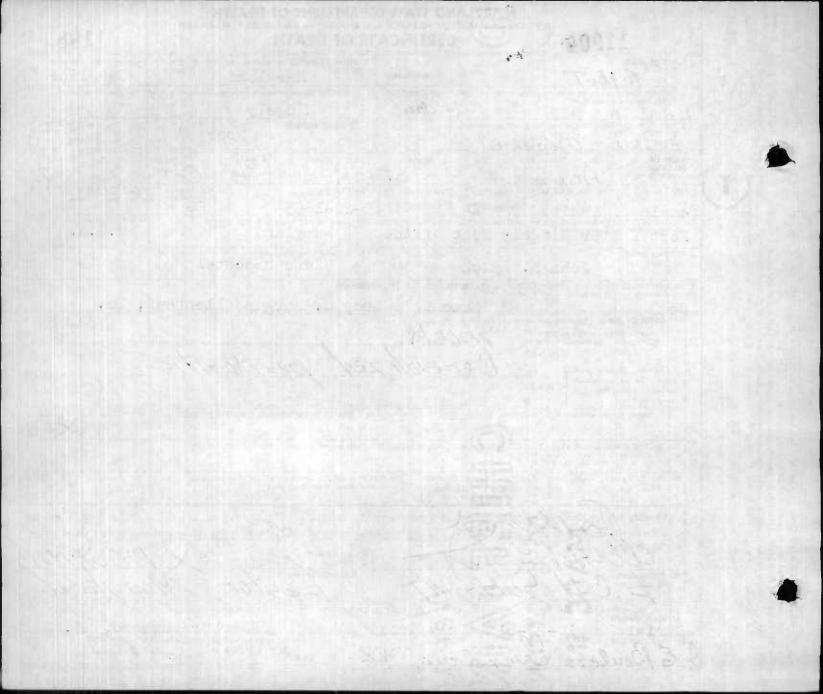
11050

1130	4	CERTIFICA	IL OI DEATH		44000
1. PLACE OF DEATH a. COUNTY					tian: Residence befare admission)
TAIDO	T	MARYLAND	a. STATE Mar	yland b. COUNTY	Caroline
b. CITY OR TOWN (If autside	carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	autside carporate limits, write	RURAL and give nearest tawn)
FASTON	wnj	21 days	Ridg	elv	
d. NAME OF HOSPITAL (IF no OR INSTITUTION	00	,	d. STREET ADDRESS	None O	e. IS RESIDEN ON A FAR
EASTON	MEMORIA				YES NO
3. NAME OF DECEASED (Type or print)	First	Middle ST	JCK.	4. DATE MO PEATH OF	T 16 196
S. SEX 6. CO	LOR OR RACE 7. MARR	IED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years lost birthday)	
Female W	hite WIDOWE	DIVORCED	5-20-1895	66 yrs	
10a. USUAL OCCUPATION (Give during most of working life, POST LIASTEI	kind of work done 10b.	KIND OF BUSINESS OR INDUSTRIBLE POST Office	TRY 11. BIRTHPLACE (Stote Maryla		12. CITIZEN OF WHAT COUN
3. FATHER'S NAME	L. P.T.	VALUE AND	14. MOTHER'S MAIDEN		
J	ohn K. Ly	nch	Anna	Bechtel	
S. WAS DECEASED EVER IN U.		SOCIAL SECURITY NO. 17. IN	IFORMANT	Ade	dress
	e wor or dates of service)	None I	ucy C. Mor	gan Allento	wn. Pa.
1B. CAUSE OF DEATH [En	ter only one cause per lin		mey o. mor	San marchio	INTERVAL BETWE
PART I. DEATH WAS	CAUSED BY:	SAMA			ONSET AND DEA
IMMED	IATE CAUSE (a)	1110CP			
2/67	DUE TO	Yazaali-	770/ 1-0	160 17:	
Conditions, if any, whi		LELIERALI !	Leg De:	1/10/1/19	>
gove rise to immedia cause (o), stating the und	DIE TO				
lying cause last.	(c)				
PART II. OTHER SIGN PART II. OTHER SIGN 20a. ACCIDENT WAS UNDER OR CONTRIBUTING [] CAL UIF EITHER, NOTIFY MEDICA	NIFICANT CONDITIONS C	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GI	IVEN IN PART 1(a) 19. WAS AUTO PERFORME YES NO
	ISE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I ar Part II af item 1B.)	
20c. TIME OF INJURY Man Hour a. m. p. m.	th, Day, Yeor 20d. It	NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	n, 20f. (City ar tawn)	(Caunty) (S
Hour a.m.	While of worl	IAOI WIIIE	ctary, street, affice bldg., etc)	
	11				
saw the deceased	his no cital strend	led the deceased from	101	0	nd on the date stated ab
220. SIGN 1981	Fehren	7	M.D. PHYS.	ED. STAFF	170cx 190
22c. PHYSICIAMS NAME (Type)	H. Sct.	midt	22d. ADDRESS	ton, N	12xylard
23a. BURIAL, CREMATION, 23b REMOVAL (Specify)		23c. NAME OF CEMETERY O	R CREMATORY	23d. LOCATION (City, town,	
Burial	10-20-61	Holy Cross	3	Near Green	
24. FUNERAL DIRECTOR'S SIGNA	ATURE	ADDRESS	25a. REC	D BY REGISTRAR 2Sb. REG	SISTRAR'S SIGNATURE
J. G. Doulas	N erreen	word ne	el . DATE	a di	a. / crace

by the funeral director, and 2 should be filed with urs ofter death. Page 4 TO HOSPICATION OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 may be and by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 the State Board of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11891)

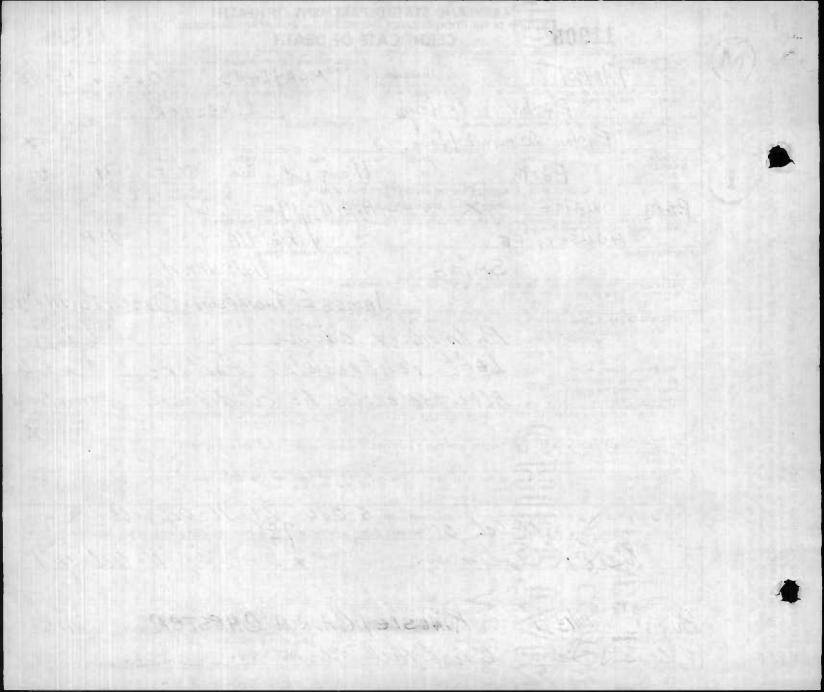
1. PLACE OF DEATH a. COUNTY	01	MARYLANE	g STATE	there deceased lived. If institute b. COUNT		ANKE
b. CITY OR TOWN (If autside RURAL and give nearest taw		c. LENGTH OF STAY IN 18	c. CITY OR TOWN (IF	autside carporate limits, write	RURAL and give nearest	town)
d. NAME OF HOSPITAL (IF not OR INSTITUTION	in haspital, give street	0119	d. STREET ADDRESS	CHESTE	V-) 0	RESIDENCE DN A FARM? S NO
3. NAME OF DECEASED (Type or print)	Edith	Middle	thompson.	4. DATE OF DEATH OO	Day	Year 19 6/
	OR OR RACE 7. MARR	DIVORCED	8. DATE OF BURTH AUG. 11 - 19	9. AGE (In years last birthday)	Manths Days Ho	JNDER 24 HRS. Durs Min.
10a. USUAL OCCUPATION (Give during mast af warking life,	kind af work done 10b. even if retired) * SeWIFE	KIND OF BUSINESS OR INI	1/10	e ar fareign country)	12. CITIZEN OF WH	IAT COUNTRY?
13. FATHER'S NAME	S	MITH	14. MOTHER'S MAIDEN	NAME	/	
1S. WAS DECEASED EVER IN U. S (Yes, no, or unknown) (If yes, give	. ARMED FORCES? Nor or dates of service)	SOCIAL SECURITY NO. 17	JAMES E. 1	HOMPSON = (dress DuceNTO	WNM
PART I. DEATH WAS IMMEDIA Canditions, if ony, whice gove rise to immediate couse (a), stating the under lying cause lost.	CAUSED BY: ATE CAUSE (o) DUE TO	efor (o), (b), and (c). Pulmonar eft ver theroscle	y edema ntricula rotic hea	r failur ert disea		MONTH MONTH
PART II. OTHER SIGN	IFICANT CONDITIONS C	CONTRIBUTING TO DEATH B	OUT NOT RELATED TO THE TERA	minal disease condition G		VAS AUTOPSY ERFORMED?
OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL	RLYING 20b. DESC SE OF DEATH . EXAMINER)	CRIBE HOW INJURY OCCUR	RED. (Enter noture of injury in	Part I ar Part II af item 18.)		(
20c. TIME OF INJURY Manth Haur a. m. p. m.	h, Doy, Year 20d. It While of war	Nat while	PLACE OF INJURY (Hame, far factory, street, affice bldg., e		(County)	(State)
21. I certify that N (th	11	1		M, fram the causes a	1966, that	
220. SIGNATURE ALLE	R Tol	lman	M.D. ATTENDING PHYS.	MED. STAFF DIRECTOR PHYS. [11-0et-	22b. DATE SIGNED
22c. PHYSICIAN'S NAME (Type)	Carlo S	5711 11 11	22d. ADDREŠS			
230 BURIAL, CREMATION, 23b.	DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY CHURCH	23d LOCATION (City, town	or caunly)	(State)
24. FUNERAL DIRECTOR'S SIGNA	Aure 6	ADDRESS HE	El MA DARC	T 1 6 '61	GISTRAR'S SIGNATURE	

TO HOSP OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 may be comed by the hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filler page 3 should be detoched far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Board of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death.

ours after death. Page 4

VR A1S (4) 1SM 9/59



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

11291

2.3	JUO	CEKTIFIC	CATE OF DEATH		.n. a. (2
1. PLACE OF DEATH. o. COUNTY ALB	07	MARYLA	o. STATE	There deceosed lived. If inst		admission)
b. CITY OR TOWN (If outs RURAL and give neorest	town)	c. LENGTH OF STAY IN	101	outside corporate limits, wri	te RURAL and give near	est town)
d. NAME OF HOSPITAL (II OR INSTITUTION	f not in hospital, give str	eet address)	302 Ge	HOSDORO		IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	HARRIS.	Middle	TILGHMAN	4. DATE OF DEATH	Month Day	Year 19 6 /
[]	W WIDO	ARRIED NEVER MARRIED DIVORCED [SEPT 6-18	9. AGE (In ye lost birthdo	yrs. / 5	Haurs Min.
10a, USUAL OCCUPATION (C during most of working I	Pive kind of wark dane 1 ife, even if retired)	Ob. KIND OF BUSINESS OR I	MARY	LAND	12. CITIZEN OF	NHAT COUNTR
13. FATHER'S NAME	TILGH	MIN	14. MOTHER'S MAIDEN	E HARA	PISON	
15. WAS DECEASED EVER IN (Yes, no. of unknown) (If yes,	U. S. ARMED FORCES? give war or dates of service)	16. SOCIAL SECURITY NO.	MRS. HARPIS	-	Address AN TA	STON /
PART I. DEATH V	VAS CAUSED BY: MEDIATE CAUSE (a)	r line for (o), (b), and (c).]	unchris		INTER	TAND DEATH
Canditions, if ony, or gove rise to imme couse (o), stoting the Living couse lost.	diote (/				
PART II. OTHER S 20a. ACCIDENT WAS UN OR CONTRIBUTING OF (IF EITHER, NOTIFY MED)	IGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE CONDITION		WAS AUTOPS PERFORMED? YES NO
	CAUSE OF DEATH	DESCRIBE HOW INJURY OCC	URRED. (Enter nature of injury in	Port I or Port II of item 1B.)	
20c. TIME OF INJURY A Haur o. m. p. m.	WI	d. INJURY OCCURRED 20 nile Not while work at work	e. PLACE OF INJURY (Hame, fare factory, street, office bldg., et		(Caunty)	(Sto
		ended the deceased fr	am 3444 19	M, from the causes		
22a. SIGNATURE	for Hacien		M.D. ATTENDING A	AED. STAFF PHYS.	131	22b. DATE SIGNE
22c. PHYSICIAN'S NAME (Type)	WRSTON TI	ARRISON	22d. ADDRESO, Cache	Mary Laws		
REMOVAL (Specify)	23b. DATE THEREOF	OXFOI	RY OR CREMATORY	OX FOR	wn, or county)	NB)
24. FLANEYAL DESECTOR'S SIG	SNATURE	ADDRESS	250. REC		REGISTRAR'S SIGNATURE	

y the attending physician and campletely filler, at by the funeral director, Then please remave carbon papers. Pages 1 and 2 should be filed with urs after death. Page may be profined by the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filler, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 the State Baard at Health priar to burial, cremation, ar remaval, and in any event within 72 haurs after death. OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24

TO HOSE VR A15 (4) 15M 9/59

VR A15 (4) 1SM 9/59

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

	11917 CERTIFICA	IE OF DEATH
	PLACE OF DEATH a. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MARY And b. COUNTY QUEEN Anne
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)	c. CITY OR TOWN (If of sisted corporate limits, write RURAL and give nearest lown)
(OR INSTITUTION DE LA CONTROL (If not in haspital, give street address)	d. STREET ADDRESS A STREET ADDRESS STRESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Benjamin (Middle U	AS hing to W DEATH 10 12 196/
S.	SEX A COLOA OR RACE 7. MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTY 9. AGE (In years last birthday) 44 yrs. IF UNDER 1 YEAR 15 UNDER 24 HR: Months Days Hours Min.
	a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER Uaterman	MAKYlAND U.S.H.
13.	Sviffin WAShington	MARY W: 180n
1S. (Ye	WAS DECEASEDEVER IN U. S. ARMED FORCES? 16/SOCIAL SECURITY NO. 17. II (If yes, give wor or dates of service) 223-05-9826	Aul WAShington - Seasonille, Mo
	1B. CAUSE OF DEATH [Enter anly one cause per liberary (b) react) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Monthage Grand BETWEEN
	Conditions, if any, which gave rise to immediate cause (o), stating the under-	Hypertension - 2 years
CATION	, (6)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES \(\sum \) NO
CERTIFI	20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 1B.)
MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while at wark at work 19 for	ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State ctory, street, office bldg., etc.)
	21. I certify that (I) (this haspital) attended the deceased fram. saw the deceased alive an 10-12 1961, and that	9-30 1961, to 10-12-1961, that (1) (we) la death accurred at 33. M, from the causes and an the date stated above
	William L. Wutter	M.D. PHYS. MED. STAFF DIRECTOR PHYS. PHYS.
	WILLIAM L. WINTERS	210E DOVER-KASTON Md.
	S. BURIAL, CREMATION, 23b. DATE THEREOF 23c. MAME OF CEMETERY CO. 15 PG BryAns (e.	or CREMATORY 23d. LOCATION (City, town, or caunly) (State)
24.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE) CT 1 7 '61 Cillus X X

1000 TO SEAS ENGINEER 1 1000 TO 1000 T A6-Colored WAShington MAKY Washington No --- ISPANNE PROF COATE MEDICAL AND SOUTH AND SOUT WHATELER AND THE STATE OF THE S The contract of the state of th

VR A1S (4) 1SM 9/59

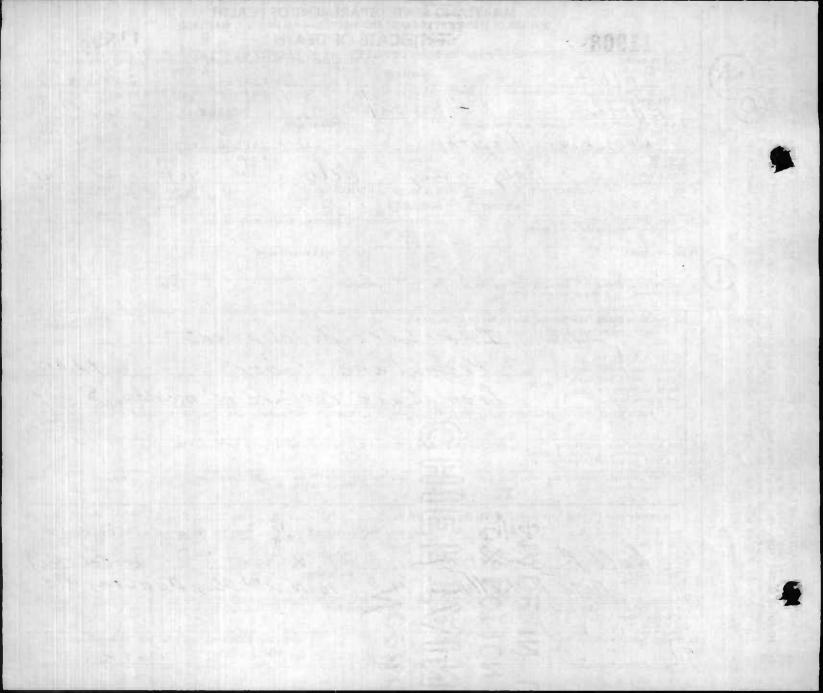
2080324XVD

MADVIAND STATE DEDADTMENT OF HEALTH

ND

	MAKILAND STATE DEPARTMENT OF HEALTH
	DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLA
08	CERTIFICATE OF DEATH
00	The 2 From high restificate 11/1/61

	11908	-1 - 0 - m	CERTIFIC	ATE OF DEATH	INORE I, MARIEAN	111	893	
1. PLA a. C	CE OF DEATH	tem Z Yr	MARYLAN	2. USUAL RESIDENCE (W. o. STATE		nstitution: Residence DUNTY		ssian)
R	ITY OR TOWN (If outside corp URAL and give nearest tawn)		c. LENGTH OF STAY IN 1	1//	Denton	write RURAL and giv	e nearest taw	('-)
d. N	NAME OF HOSPITAL (If not in, hor institution Memoria	aspital, give street	oital	d. STREET ADDRESS	iverton Ave	nue	ON	A FARM?
DEC	ME OF EASED be ar print)	BAby	Middle Boy	Webb	4. DATE OF DEATH	-	Day 22	Yeor 196/
S. SEX	Male 6. COLOR C	OR RACE 7. MARR	DIVORCED	8. DATE OF BIRTH	9. AGE (In last birth	And I am	YEAR IF UNI	
10a. US du	SUAL OCCUPATION (Give kind ring mast af warking life, even	af work done 10b. if retired)	KIND OF BUSINESS OR IN	DUSTRY 11. 8IRTHPLACE (State	ar foreign cauntry)	12. CITIZE	N OF WHAT	COUNTRY?
13. FAT	HER'S NAME	W 10	ett-	14. MOTHER'S MAIDEN	NAME /	Peno	42	
	S DECEASED EVER IN U. S. AR or unknown) Ilf yes, give war	MED FORCES? 16.	SOCIAL SECURITY NO. 17	, INFORMANT	0	Address		
	PART I. DEATH WAS CAU IMMEDIATE	DUE TO	mmatu	ure devel	lopment	,	INTERVAL E	
g	ave rise to immediate ause (a), stating the <u>under-</u>	DUE TO	rematu	re ruptu	reofn	rembran	8	days
CATION	PART II. OTHER SIGNIFICA	ANT CONDITIONS C	ONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	IINAL DISEASE CONDITIO	ON GIVEN IN PART	(o) 19. WAS PERF YES	ORMED?
o	ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF EITHER, NOTIFY MEDICAL EXA	F DEATH	CRIBE HOW INJURY OCCU	RRED. (Enter nature of injury in	Port I or Port II af item	18.)		
MEDICAI	TIME OF INJURY Manth, Hour a.m. p.m.	While	NJURY OCCURRED 20e. Not while at wark	PLACE OF tNJURY (Home, forr factory, street, affice bldg., etc		(Ca	unty)	(State)
	. I certify that (I) (this law the deceased alive o	10/02//	1	m./4/2/	M, fram the caus		that (I)	
	c. PHYSICIAN'S	Zoll	ma	- M.D. ATTENDING N.D. PHYS. D	STAFF IRECTOR PHYS.	29-	act-	2b. DATE SIGNED
	NAME (Type) Dule	R. Ko	Il man, M.	D. 16 N.	2 hs St.;	Dente	K, N	18.
RE	JRIAL, CREMATION, 23b. DAT	10/30/	23c. NAME OF CEMETER	real Archital	23d. LOCATION (City,	7 Yn	1	ate)
24. FUI	NERAL DIRECTOR'S SIGNATURE	le de la constante	ADDRESS	2Sa. REC		arthur &		



080

0

11909

VR A15 (4) 15M 9/59

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

L. PLACE OF DEATH C. COUNTY MARTHAND D. COUNTY MARTHAND C. CUT OR TOWN (If outbide copporate limith, writer RPA) and give necess teaching OR PUBLICATION D. COUNTY MARTHAND D. COUNTY Talbot											200	1	
BUSINESS IN A COUNTY OF THE CONTROL OF THE CONTROL OF THE COUNTY OF THE	1.	COUNTY	ot		MAR		g. STATE					missian)	
A NAME OF INTERPRETATION A STREET ADDRESS A S	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b					IN 1b	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)						
OR NATION ON A FARMS OF PRESSOR IN HANNER HOLDS PLANE ON A FARMS OF PRESSOR IN HANNER HOLDS PLANE ON A FARMS OF PRESSOR IN HANNER HOLDS PLANE ON A FARMS OF PRESSOR IN HANNER HOLDS PLANE ON A FARMS OF PRESSOR IN HANNER HOLDS PLANE ON A FARMS OF PRESSOR IN HANNER HOLDS PLANE ON A FARMS OF PRESSOR IN HANNER HOLDS PLANE ON A FARMS OF PRESSOR IN HANNER HOLDS PLANE FEMALE ON A FARMS OF PRESSOR IN LOS A GRANE TO A MARKET HOLDS PLANE ON A FARMS OF PRESSOR IN LOS A GRANE TO A MARKET HOLDS PLANE FEMALE ON A FARMS OF PRESSOR IN LOS A GRANE TO A MARKET HOLDS PLANE FOR MARKET HOLDS PLANE IN ADDRESSOR HOLDS PLANE IN ADDRESSOR PROSERVE IN LOS A A MARKET PROFESSOR IN LOS AND A MARKET HOLDS PLANE IN ADDRESSOR PRESSOR IN LOS A MARKET PROFESSOR IN A MARKET HOLDS PLANE IN ADDRESSOR PROFESSOR IN LOS A MARKET PROFESSOR IN A MARKE		/ / /	1 11		10da	45 >	East	on (r	ural)				
DECARSO (Type or print) ANNA	d. NAME OF HOSPITAL (If not in hospital, give street address) OF INSTITUTION						d. STREET ADDRESS				10	A FARM?	
Temale		DECEASED //	4 . /	.27	1 1	w	last	OF					
DUSTAL COLUMNION. Give lided work dome lobe. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY USA 13. FATHER'S NAME Frederick August Behaviors 16. SOCIAL SECURITY NO. 17. INFORMANT 13. KATHER'S NAME Frederick August Behaviors 16. SOCIAL SECURITY NO. 17. INFORMANT 17. NOT STATE 1. DEATH WAS CAUSED BY 18. SOCIAL SECURITY NO. 17. INFORMANT 18. CAUSE OF DEATH [Enter only one course per lime for (s), (b), and (c)-1 18. CAUSE OF DEATH [Enter only one course per lime for (s), (b), and (c)-1 18. CAUSE OF DEATH [Enter only one course per lime for (s), (b), and (c)-1 19. OUT OF CONTRIBUTION COUNTRY OF COUNTRY NO. 17. INFORMANT 19. OUT OF CONTRIBUTION COUNTRY OF COUNTRY NO. 17. INFORMANT CONTRIBUTION COUNTRY OF COUNTRY NO. 17. INFORMANT 19. OUT OF CONTRIBUTION COUNTRY OF COUNTRY NO. 17. INFORMANT CONTRIBUTION COUNTRY OF COUNTRY NO. 17. INFORMANT CONTRIBUTION COUNTRY NO. 18. COUNTRY NO. 17. INFORMANT CONTRIBUTION COUNTRY NO. 18. COUNTRY N	S. 5	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRI	ED B. C	DATE OF BIRTH		9. AGE (In years		-		
HOUSE WITE 13. FATHER'S NAME Frederick August Beneards 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? IL SOCIAL SECURITY NO. 17. INFORMANT 16. WAS DECEASEDEVER IN U. S. ARMED FORCES? IL SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 19. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] 20. Candidinos, if any, which (b), and (c). 20. Candidinos, if any, which (b), and (c). 20. Candidinos, if any, which (c), and using the under couse (o), lutting the under couse (o), using the und	F	emale	White	WIDOWE	DIVORCE	D F	eb.6,189	5			ays Hou	ors Min.	
HOUSEWITE HOUSE WORK GERMANY 3. FATHER'S NAME Frederick August Benerns 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? I.6. SOCIAL SECURITY NO. 17 INFORMANT Address 16. WAS DECEASEDEVER IN U. S. ARMED FORCES? I.6. SOCIAL SECURITY NO. 17 INFORMANT Address 17. WAS DECEASEDEVER IN U. S. ARMED FORCES? I.6. SOCIAL SECURITY NO. 17 INFORMANT Address 18. WAS DECEASEDEVER IN U. S. ARMED FORCES? I.6. SOCIAL SECURITY NO. 17 INFORMANT Address Address Address Address Address Address Address Address Address INFORMANT Address	10a	USUAL OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Sto	te ar fareign c	auntry)	12. CITIZE	N OF WHA	T COUNTRY?	
13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT					ouse wor	k	German	V		U	SA		
Trederick August Benefins Marie Garrels	13.			0		1	4. MOTHER'S MAIDEN	NAME					
15. WAS DECEASEDEVER IN U. S. ARMED FORCEST 16. SOCIAL SECURITY NO. 17. INFORMANT Address 17. DOC 17. DOC 18. CAUSE OF DEATH Enter only one course pequine for (o), (b), and (c).		Prederial	Angust	mm 1 11		100	Marie C	arrels					
18. CAUSE OF DEATH Enter only one couse per line for (o). (b). and (c).] 18. CAUSE OF DEATH Enter only one couse per line for (o). (b). and (c).] 19. PART 1. DEATH WAS CAUSE BY IMMEDIATE CAUSE (o). (c). (c). (c). (c). (c). (c). (c). (c	15.	WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.), 17, INFO		020		dress			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY: PART 1. DEATH WAS CAUSED BY: PART 1. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gove rise to immediate couse (o), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PER OR OR CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PER OR MED'S YES. NO DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) TO OR CONTRIBUTING CAUSE OF DEATH While Not while of work of	(Ye	, ,		ervice)	5 36 238	Oter	Fritz Wi	lke Bo	x 207 1	Reston	.RD.	Md.	
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate couse (b), stating the under-lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION FOR THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION FOR THE TERMINAL CONTRIBUTION FOR THE TERMINAL CONTRIBUTION FOR THE TERMINAL CONTRI	=			use per lis	7 7 7	1112	PITOS WIT.	IRO, DO	22 20/31				
Due to Canditions, if any, which gave rise to immediate couse (o.), stofing the under lying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DE 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DE 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DE 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DE 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH III. OTHER SIGNIFICANT CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ON DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ON DEATH YES ON DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ON DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ON DEATH YES ON DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ON DEATH YES ON DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ON DEATH YES ON DEATH III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES ON DEATH YES ON			TH WAS CAUSED BY:	111	of accept	1 11 .	un o il	much	1		ONSET A	ND DEATH	
Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost. Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO NO NO NO NO NO NO NO		157	0		ac well	an Ca	voce ino	-una/c	1-13		~ "	405	
DUE TO DUE TO STAFF DUE TO DUE TO DUE TO STAFF DUE TO DUE TO DUE TO DUE TO DUE TO STAFF DUE TO DUE TO		115,		0	1/1.	1000	4 - 1	1	X a	cons	.50	16/11.	
Course (a), storing the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO CONTRIBUTING CAUSE OF DEATH (IF ETHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year Hour a.m., p.m., 19 while of work of law with the deceased from. 21. I certify that (I) (this haspital) attended the deceased from. 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS NAME (Type) 22d. ADDRESS DEED NO CONTRIBUTION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NAME (Type) 22d. INJURY (Home, form, lord, find the law 18.) (County) (Stote) (County) (Stote) (County) (Stote) 22d. ADDRESS DIFFER NO CREMATION, PHYS. DIFFER NOTIFY MED. 22d. ADDRESS DIFFER NO CREMATORY 22d. ADDRESS DATE THEREOF 22d. ADDRESS DATE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NAME (Type) 22d. ADDRESS DATE OF DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DATE 18. DATE OF TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DATE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DATE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DATE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DATE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DATE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DATE OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES DATE 10. DATE 11. DATE			nmediate	1 -6	neuc-	(60	in house	e ox	ne or	1007		1000	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OF CONTRIBUTION OR CONTRIBUTION			he under- DUE TO)				/		/			
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark 19 Visited of wark 19 Visited at wark 19 Visited of war	z				CONTRIBUTING TO DE	ATU DUT NO	T DELATED TO THE TER	MINIAL DICEAS	E CONDITION C	VENTINI DADT 1	(~) 10 \A/	V28OTILA 2A	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark 19 Visited of wark 19 Visited at wark 19 Visited of war	IIO	PAREIL OTH	EK SIGNIFICANT CON	מאטוווטוו	ONIKIBUTING TO DE	AIN BUI NC	I KELATED TO THE TER	MINAL DISEAS	E CONDITION GI	VEN IN PART	PE	RFORMED?	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While at wark 19 Visited of wark 19 Visited at wark 19 Visited of war	FICA								. 11 - 6 21 19 1		YES	U NO DO	
21. I certify that (I) (this haspital) attended the deceased from		OR CONTRIBUTING	CAUSE OF DEATH	206. DES	CKIRE HOW INJURY C	OCCURRED. (Enter nature of injury i	in Port I or Por	T (I of flem 10.)			- 1	
21. I certify that (I) (this haspital) attended the deceased from	CA		Month, Day, Ye			20e. PLACE	OF INJURY (Home, for	orm, 20f. (City	y ar tawn)	(Car	unty)	(Stote)	
21. I certify that (I) (this haspital) attended the deceased from	MED		19			700.01	,, mooi, amee biagi,						
saw the deceased alive on		21 I cortify tha	t (I) (this hasnita	l) attend	led the deceased	from		1099 106	001-11	196/	that (1) (we) lost	
220. SIGNATURE 220. SIGNATURE 220. PHYSICIAN'S NAME (Type) 221. PHYSICIAN'S NAME (Type) 222. PHYSICIAN'S NAME (Type) 223. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL (Specify) 10/17/61 230. NAME OF CEMETERY OR CREMATORY 231. LOCATION (City, Iown, or county) 232. PAUL'S CEMETERY 233. REC'D BY REGISTRAR'S SIGNATURE 24. FUNERAL DIPECTOR'S SIGNATURE 250. REC'D BY REGISTRAR'S SIGNATURE			1	1	4 . / /		//	20	the causes a			, , ,	
22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 23d. LOCATION (City, Iown, or county) (Stote) REMOVAL (Specify) BUT1al 10/17/61 St. Paul's Cemetery 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIFFECTOR'S SIGNATURE 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		7	ed dive on De 1		- / dire	illui ded	ill occorred dep_,	79.711, 110111	The causes a	na an me v	4	22b. DATE	
22c. PHYSICIAN'S NAME (Type) 22d. ADDRESS 23d. LOCATION (City, Iown, or county) (Stote) REMOVAL (Specify) BUT1al 10/17/61 St. Paul's Cemetery 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIFFECTOR'S SIGNATURE 25d. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		1	ins (100	1 de	М.Г	ATTENDING PHYS.	MED.	STAFF PHYS	Oc	7. 1) SICHER	
23a. BURIAL, CREMATION, REMOVAL (Specify) 10/17/61 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) 10/17/61 23c. NAME OF CEMETERY OR CREMATORY Cordova RD Mary Land 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADTECT 2 0 '61 Castery, Md DATECT 2 0 '61		22c. PHYSICIAN'S	i					DIRECTOR (L)	. 1		,	1 . 2	
REMOVAL (Specify) Burial 10/17/61 St. Paul's Cemetery Cordova, RD. Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE OCT 2 0 '61 Castery, Md. DATE OCT 2 0 '61		NAME (Type)	URT 1	LE	NEREX	5	QU	EEN	HI	VNE	- /	71.	
REMOVAL (Specify) Burial 10/17/61 St. Paul's Cemetery Cordova, RD. Maryland 24. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS DATE OCT 2 0 '61 Castery, Md. DATE OCT 2 0 '61	230	BURIAL CREMATIO	N. 23b. DATE THEREO	OF.	23c. NAME OF CEA	AETERY OR C	REMATORY	23d. LOCA	TION (City, town	ar county)	1	State)	
24. FUNERAL DIRECTOR'S SIGNATURE Carroll Caston, Md. DATE OCT 20 161 Call 8 House		REMOVAL (Specify)	10/17/6	51						- '		. d	
VV V MANAGER WILLIAM A THOUGH	24.		SSIGNATURE	2					AND RESIDENCE AND RESIDENCE OF THE PARTY OF			itt -	
VV V MANAGER WILLIAM A THOUGH		1. Fra	entire (arra	10 Cas	ton.	and DATED	CT 2 0 te	1 0	-1 0 1	,		
		W. Framp	ton Carro	oll		11	74	0.0		deel J. A	- Assessment		